Partnerships in Care Limited

Priory Hospital Suttons Manor

Inspection report

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Date of inspection visit: 31 October 2023 and 1st November 2023
Date of publication: 02/01/2024

This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

Overall summary

Our rating of this location stayed the same. We rated it as good because:

- The service provided safe care. The ward environments were safe and clean. The wards had enough nurses and doctors. Staff assessed and managed risk well. They minimised the use of restrictive practices, managed medicines safely and followed good practice with respect to safeguarding.
- Staff developed holistic, recovery-oriented care plans informed by comprehensive assessments. They provided a range of treatments suitable to the needs of the patients in line with national guidance about best practice. Staff engaged in clinical audits to evaluate the quality of care they provided.
- The ward teams included or had access to the full range of specialists required to meet the needs of patients on the wards. Managers ensured that staff received training, supervision, and appraisal. The ward staff worked well together as a multidisciplinary team and with those outside the ward who would have a role in providing aftercare.
- Staff understood and discharged their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and understood the individual needs of patients. They actively involved patients and families and carers in care decisions.
- Staff planned and managed discharge well and consulted with services that would provide aftercare. As a result, discharge was rarely delayed for other than a clinical reason.
- Leaders had the skills, knowledge, and experience to perform their roles. The hospital director, the clinical director and the ward managers worked well together to meet the needs of the patients and support their staff. Leaders were accessible, approachable and were spoken highly of by staff and patients.
- The service was well led, and the governance processes ensured that ward procedures ran smoothly.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Forensic inpatient or secure wards	Good 	Our rating of this location stayed the same. We rated it as good because: • The service provided safe care. The ward environments were safe and clean. The wards had enough nurses and doctors. Staff assessed and managed risk well. They minimised the use of restrictive practices, managed medicines safely and followed good practice with respect to safeguarding. • Staff developed holistic, recovery-oriented care plans informed by comprehensive assessments. They provided a range of treatments suitable to the needs of the patients in line with national guidance about best practice. Staff engaged in clinical audits to evaluate the quality of care they provided. • The ward teams included or had access to the full range of specialists required to meet the needs of patients on the wards. Managers ensured that staff received training, supervision, and appraisal. The ward staff worked well together as a multidisciplinary team and with those outside the ward who would have a role in providing aftercare. • Staff understood and discharged their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. • Staff treated patients with compassion and kindness, respected their privacy and dignity, and understood the individual needs of patients. They actively involved patients and families and carers in care decisions. • Staff planned and managed discharge well and consulted with services that would provide aftercare. As a result, discharge was rarely delayed for other than a clinical reason. • Leaders had the skills, knowledge, and experience to perform their roles. The hospital director, the clinical director and the ward managers worked well together to meet the needs of the patients and support their staff. Leaders were accessible, approachable and were spoken highly of by staff and patients.

Summary of findings

- The service was well led, and the governance processes ensured that ward procedures ran smoothly.

Summary of findings

Contents

Summary of this inspection

Background to Priory Hospital Suttons Manor

The Priory Hospital Suttons Manor is a specialist, forensic low secure service for older aged male patients, aged 50 years and above, with a primary diagnosis of a mental disorder and behaviours that challenge. The service provides treatment to patients with high risk forensic histories who are now requiring a step down from high and medium secure services or transfer from prisons whereby their risk has lessened over time due to age. All patients are detained under the Mental Health Act.

The hospital focuses on supporting patients in progressing with their personal goals to move into the community or less restrictive environments. Suttons Manor also supports individuals experiencing low level physical health care needs. Suitability of admission is determined on assessment of referral and excludes the following patient groups:

- Primary Diagnosis of Learning Disability
- Diagnosis of Advanced Dementia
- Complex physical health needs
- Primary Diagnosis of ASD
- Registered under DOLS

Care is provided over two 13-bedded wards (26 beds in total).

South Weald ward provides a specialist low secure forensic inpatient service to those aged over 50 years. The ward has 13 beds of which 11 were occupied at the time of the inspection.

Westleigh Heights ward is a low secure service providing care for adults aged over 50 years. There are 13 beds on this ward and at the time of inspection 12 were occupied. Westleigh Heights ward also aims to support adults experiencing low level physical health care needs as well as the elderly and frail alongside their mental health needs.

At the time of inspection there were 23 patients within the service.

The service has a registered manager. The location is registered to provide the following registered activities:

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

• Diagnostic and screening procedures

• Treatment of disease, disorder, or injury

The service was last inspected by the CQC in 2019. We identified a breach of Regulation 10 of the Health and Social Care Act 2008, (Regulated Activities) 2014, relating to the privacy and dignity of patients, where bedroom viewing panels could be opened by other patients. We also identified a breach of Regulation 15 where the environment was poorly maintained and unclean. During this inspection, we found the provider had addressed our concerns.

What people who use the service say

Summary of this inspection

We spoke with 9 patients and 5 carers. Overall, feedback from patients was positive. Patients said they felt safe, and staff were kind and supportive. Patients said the environment was clean, they felt involved in their care and were able to provide feedback about the service.

Carers spoke very positively about the care and treatment being delivered to patients at the service. Carers were able to provide feedback about the service and were kept informed of the care of their relative or friend.

How we carried out this inspection

During this inspection visit, the inspection team:

- Visited the 2 wards at the hospital, and looked at the quality of the ward environment;
- observed how staff were caring for patients;
- reviewed various records, documentation, and policies;
- spoke with 9 patients who were using the service;
- spoke with 6 carers of patients using the service;
- spoke with the registered manager and managers for each ward;
- spoke with 10 other staff, including doctors, nurses, health care support workers, an occupational therapist, and a social worker;
- reviewed the clinic room and checked 10 medicine records;
- reviewed 6 care records;
- attended and observed a handover meeting, a multi-disciplinary review meeting, a community meeting, and a horticulture session.

You can find information about how we carry out our inspections on our website: https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection.

Areas for improvement

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Forensic inpatient or secure wards	Good	Good	Good	Good	Good	Good
Overall	Good	Good	Good	Good	Good	Good

Good

Forensic inpatient or secure wards

Safe	Good
Effective	Good
Caring	Good
Responsive	Good
Well-led	Good

Is the service safe?

Good

Our rating of safe improved. We rated it as good.

Safe and clean care environments

All wards were safe, clean well equipped, well furnished, well maintained and fit for purpose.

Safety of the ward layout

Staff completed and regularly updated thorough risk assessments of all wards areas and removed or reduced any risks they identified. The service had a site improvement plan on the health and safety and environment of the service. Managers regularly reviewed and updated this with a timeline of completed or pending actions. This included completion of all actions following a recent environmental health inspection.

Staff on both wards had a security and safety nurse who completed checks of the security and environment of the wards. We reviewed a list of all checks between October and September 2023 which were all completed.

Nurses completed safety checks of both wards to ensure that all required tasks were completed. We reviewed these checks for the two weeks prior to our inspection which had all been completed.

Nurses completed daily planners to ensure allocation of duties. These had all been completed throughout October. Staff kept copies of their daily duties with them, so it was clear who had been allocated which tasks throughout the day.

Staff could not observe patients in all parts of the wards. However, the service had fitted mirrors and closed-circuit television to monitor communal areas and used enhanced observations to support patients with additional risks. Managers had completed a blind spot audit of the service that included gardens and outside areas.

The ward complied with guidance and there was no mixed sex accommodation. Both wards were for male patients.

Staff knew about any potential ligature anchor points and mitigated the risks to keep patients safe. Managers had completed a comprehensive, up to date, accessible risk assessment of all potential ligature anchor points and taken action to remove these where possible. Staff had access to a ligature footprint which included a map of where high, medium, and managed risk areas were. The ligature footprint highlighted where all ligature equipment was kept including the emergency grab bag so that staff were aware of this in an emergency.

Staff had easy access to alarms. Staff checked alarms regularly and maintained or replaced them.

Not all patients could access nurse call alarms due to poor mobility. However, the provider had mitigated this risk by increasing observations for required patients and had sourced alternative options for patients to improve accessibility such as pendant alarms and falls watches. Managers told us they were reviewing this again at the time of our inspection and were sourcing updated options to meet the changing needs of the patients requiring further support with access to nurse call systems.

The service regularly monitored nurse call systems and completed monthly checks of these. During our inspection managers had identified faults with some of their nurse call alarms and had arranged for an urgent visit by the contractor to repair these. Contractors had advised there were no faults with nurse call alarms, they just required replacement batteries. These were all immediately replaced to ensure nurse call alarms were working. Managers had an action plan in place to manage and mitigate any risks in the event of faulty nurse call alarms. Managers had reviewed this again during our visit and had increased call alarm checks to weekly. If call alarm faults occurred, staff increased observations of all patients to hourly and increased these further for those with poor mobility.

Managers had the option to utilise 'safer rooms' which were equipped with 24 hour closed circuit television surveillance by an external provider called Care Protect. If a patient were deemed to be of considerable risk these room would be utilised in full capacity. Currently these rooms were occupied with the cameras switched off as they were not required and to protect the privacy and dignity of the patients who were currently occupying the rooms.

Maintenance, cleanliness, and infection control

Ward areas were clean, well maintained, well furnished, and fit for purpose. The service employed housekeepers and maintenance staff. Staff and patients told us that any faults or repairs were identified and addressed. The hospital was clean, smelt fresh and was well-furnished and well-maintained. Managers told us that some parts of the wards were due to be re-decorated.

Westleigh ward had dementia friendly signage. Bedrooms had pictures of patients with their preferred name next to them.

Staff made sure cleaning records were up-to-date and the premises were clean. Patients and carers said, and we observed, that the hospital was clean and tidy.

Staff followed infection control policy, including handwashing. Staff followed the provider's infection control policy and completed regular infection control audits of the hospital environment which included staff handwashing. Hand gel was available at the ward entrance and staff followed personal protective equipment guidelines. We saw that posters were displayed at the hospital reminding staff to wash their hands. Staff completed infection control training.

We viewed the handwashing audit which had been conducted with staff regularly.

Good

Forensic inpatient or secure wards

Seclusion room

The Seclusion room allowed clear observation and two-way communication. It had a toilet and a clock in clear sight. We viewed the seclusion room at the service. This was on South Weald ward and was rarely used. On observation, the room was clean and well maintained.

Clinic room and equipment

Clinic rooms were fully equipped, with accessible resuscitation equipment and emergency drugs that staff checked regularly. Staff recorded weekly checks of the resuscitation equipment. The emergency resuscitation bag was stored in the clinic room where it was available to all staff.

Staff checked, maintained, and cleaned equipment. We observed cleaning stickers on equipment to demonstrate cleaning had taken place. Although staff did not routinely record that they cleaned the clinic room, as it was not listed on the recording form, it was clean and well organised. Managers had subsequently added this to their cleaning records following our feedback.

Safe staffing

The service had enough nursing and medical staff, who knew the patients and received basic training to keep people safe from avoidable harm.

Nursing staff

The service had enough nursing and support staff to keep patients safe. The service had 2 registered nurses during the day shift and 4 health care assistants on each ward. During the night shift the service had 4 registered nurses across both wards, 3 health care assistants on South Weald ward and 5 health care assistants on Westleigh Heights ward. Both wards also had 2 additional health care assistants during the day shift to assist with community leave, activities and physical healthcare. We reviewed 2 weeks of the staff rota which showed that both wards had enough staff.

The service had reducing vacancy rates. At the time of the inspection the vacancy rate for registered nurses was 70% which worked out as 13 vacancies. Vacancies for health care assistants was 26%, which worked out as 6 vacancies. Managers had recruited a further 4 registered nurses and 1 health care assistant who were waiting to commence employment following recruitment processes. Managers used bank and agency staff to fill vacancy gaps.

The service had reducing rates of bank staff and high rates of agency staff. South Weald ward used 3% of bank staff between July and August 2023, reducing to 2% in September 2023. The ward used 61% of agency staff in July, 60% in August which reduced to 52% in September.

Westleigh Heights ward had reducing rates of bank staff and an increasing rate of agency staff between July and September 2023. The ward used 3% of bank staff between July and August 2023 which reduced to 0% in September 2023. However, agency staff increased from 44 % in July 2023 to 58 % in August and 62 % in September 2023.

Managers engaged with prospective employees to enhance recruitment at the service by advertising roles online, holding job fayres and displaying posters on the roadside next to the hospital for potential candidates to see. Managers held nurse interviews on receipt of applications and health care assistant interviews were on-going. Managers held recruitment afternoons every fortnight where a video was shown to provide an overview of the service. Managers held fortnightly meetings with the talent acquisition team to target roles and weekly onboarding meetings to enhance the process of navigating candidates through the recruitment process.

Good

Forensic inpatient or secure wards

Following a review of feedback from staff and prospective candidates, managers offered staff a shuttle service to assist staff with the commute to and from the hospital. The senior management team met with new starters within the first fortnight following commencement of their role. Staff were automatically included into a lucky draw when they started at the service and were assigned a mentor on commencement of the post.

Managers requested staff familiar with the service when booking bank and agency staff. managers booked agency and bank staff long term to ensure familiarity and consistency.

Managers made sure all bank and agency staff had a full induction and understood the service before starting their shift. We reviewed five induction records for permanent, bank and agency staff between June 2023 and September 2023. For permanent and bank staff this included a two week training programme covering a variety of mandatory topics. Agency induction records also covered a variety of mandatory topics and an observation competency. New employees were given a two week induction and two days of observing and shadowing a colleague in post.

The service had low turnover rates. Between July and October 2023, the rate had reduced from 14 % in July 2023, 0% in August and 2% in September and October 2023. Managers explained the increase in turnover in July was due to 3 staff leavers whose roles have all now been recruited in to and removal of staff on their bank establishment list who have not worked for some time.

Managers worked at retaining staff by having an employee of the month award, holding colleague wellbeing events every month, having a recognition of good practice award, and are planning an internal awards celebration.

Managers supported staff who needed time off for ill health.

Levels of sickness were low. The sickness rate at the time of the inspection was 2%.

Managers accurately calculated and reviewed the number and grade of nurses, nursing assistants and healthcare assistants for each shift. Managers used a staffing ladder to determine how many staff they used based on the number of patients.

The ward manager could adjust staffing levels according to the needs of the patients. We spoke to ward managers who gave examples of occasions when they were able to increase staffing levels for increased levels of observations, appointments and community and home leave.

Patients had regular one to one sessions with their named nurse.

Patients rarely had their escorted leave or activities cancelled, even when the service was short staffed. The service had transport and 2 drivers to facilitate community leave, visits, and appointments. The service was due to recruit an additional driver to further improve access to the community.

The service had enough staff on each shift to carry out any physical interventions safely.

Staff shared key information to keep patients safe when handing over their care to others. We observed a multi-disciplinary handover meeting and reviewed handover records which were comprehensive and covered all safety and risk information.

Good

Forensic inpatient or secure wards

Medical staff

The service had enough daytime and night time medical cover and a doctor available to go to the ward quickly in an emergency. The service was fully recruited for medical staff. The service had an on-call system between several Priory hospitals to ensure that there was always consultant cover available.

Managers could call locums when they needed additional medical cover.

Managers made sure all locum staff had a full induction and understood the service before starting their shift.

Mandatory training

Staff had completed and kept up to date with their mandatory training. Training compliance was 90% for the whole service with South Weald ward at 98% and Westleigh Heights at 92%.

The mandatory training programme was comprehensive and met the needs of patients and staff. All new and returning staff completed 18 mandatory training topics which included forensic training topics on security of the wards, personal safety and responding to verbal and physical aggression.

Managers monitored mandatory training and alerted staff when they needed to update their training. The service monitored expiry dates of training and informed staff so that they knew to book and update their training.

Assessing and managing risk to patients and staff

Staff assessed and managed risks to patients and themselves well. They achieved the right balance between maintaining safety and providing the least restrictive environment possible to support patients' recovery. Staff followed best practice in anticipating, de-escalating, and managing challenging behaviour. As a result, they used restraint and seclusion only after attempts at de-escalation had failed. The ward staff participated in the provider's restrictive interventions reduction programme.

Assessment of patient risk

Staff completed risk assessments for each patient on admission, using the provider's own tool. We reviewed 6 care records and saw that staff regularly updated risk assessments after any incident.

Staff used a recognised risk assessment tool. Staff also used the Historical Clinical and Risk- 20 tool to assess needs relating to the risk of violence.

The physical health nurse completed falls risk assessments and bed rail assessments for all patients.

Management of patient risk

The staff knew about any risks to each patient and acted to prevent or reduce risks. We observed the handover meeting which demonstrated awareness of risk and action to minimise these. Staff also completed pre and post leave risk assessments for each patient. Risk management plans contained information about how to support and manage risk for patients when they were in crisis.

The service held a policy on Supportive Observation and Engagement which detailed different observation levels to manage safety and risk. All staff were trained and completed an observation competency. We reviewed records of observations which showed that staff had conducted and completed these in line with their policy.

Good

Forensic inpatient or secure wards

Staff identified and responded to any changes in risks to, or posed by, patients. We reviewed incident reporting, handover meetings and care records which all demonstrated action to respond to any risks.

The service held patient safety meetings with patient attendance to discuss safety and any themes or challenges, these meetings were provided quarterly.

The physical health nurse ran a falls steering group to monitor and manage any falls risks. The physical health nurse also provided patients with a diabetes support group and health promotion group to support patients manage their own physical health.

Staff followed the service's policies and procedures when they needed to search patients or their bedrooms to keep them safe from harm. Staff searched patients in a private room and used metal detectors and breathalysers. Staff removed and stored any restricted items if required.

Use of restrictive interventions

Staff made every attempt to avoid using restraint by using de-escalation techniques and restrained patients only when these failed and when necessary to keep the patient or others safe. Levels of restrictive interventions were low. Westleigh Heights ward recorded 3 incidents of restraint between January 2023 and October 2023 and no incidents of seclusion or long term segregation. South Weald ward reported 7 incidents of restraint, 3 seclusions and no incidents of long term segregation between January 2023 and October 2023. When a patient was placed in seclusion, staff kept clear records and followed best practice guidelines.

Staff participated in the provider's restrictive interventions reduction programme, which met best practice standards. The service had a policy on The Prevention and Management of Behaviour that Communications Distress in Adults. The service was part of the Healthcare Division Reducing Restrictive Practice Steering Group which ensured that legislation, policy, and guidance were incorporated into practice.

Managers had applied blanket restrictions at the service. These related to security and safety areas within low secure services. Managers regularly reviewed all restrictions at clinical governance meetings and removed these if required.

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

Staff followed NICE guidance when using rapid tranquilisation. Staff had reported no incidents of rapid tranquilisation in the last 6 months prior to the inspection.

Staff followed best practice, including guidance in the Mental Health Act Code of Practice, if a patient was put in long-term segregation. The service did not report any episodes of long term segregation in the last year prior to the inspection.

Safeguarding

Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

Staff received training on how to recognise and report abuse, appropriate for their role. Staff compliance with safeguarding training was 95 % for E-learning training and 92 % for face to face training. Staff were kept up to date with their safeguarding training.

Staff could give clear examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act.

The safeguarding lead held a monthly safeguarding meeting where all safeguarding incidents were discussed and reviewed. The safeguarding lead provided training for staff using safeguarding topics and case studies, to increase their knowledge, awareness of and confidence in responding to safeguarding concerns. Staff recently received training on safeguarding and dementia to improve staff knowledge.

All visitors were given a safeguarding card on arrival to the hospital, which provided them with information on how to report a safeguarding concern and contact details including an email address. The service was the first to trial this and it has now been rolled out across other Priory services.

The safeguarding lead had organised safeguarding awareness events to celebrate safeguarding week where discussions were held about safeguarding. Staff and patients' views were taken prior to and after the events to compare the differences in views and any learning.

The service invited patients to attend their monthly safeguarding meetings following requests by patients to be included in these meetings.

Staff knew how to recognise adults and children at risk of or suffering harm and worked with other agencies to protect them. The safeguarding lead recorded and logged all safeguarding incidents, investigated these, and met with the local authority to regularly review safeguarding incidents. The service took action to safeguard and protect patients.

Staff followed clear procedures to keep children visiting the ward safe. All visits were held in a separate building within the hospital site.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. The service had a clear process to raise safeguarding referrals. Staff discussed any concerns with the safeguarding lead and the multi-disciplinary team.

Staff access to essential information

Staff had easy access to clinical information and it was easy for them to maintain high quality clinical records – whether paper-based or electronic.

Patient notes were comprehensive, and all staff could access them easily. Records were easily accessible and were easy to navigate.

Although the service used a combination of electronic and paper records, staff made sure they were up-to-date and complete. We reviewed records which were all up to date and complete.

When patients transferred to a new team, there were no delays in staff accessing their records. The service had received or transferred patients to and from other Priory services where access to records was easily transferred and available.

Records were stored securely. Staff accessed both paper and electronically records in a locked office.

Medicines management

The service used systems and processes to safely prescribe, administer, record and store medicines. Staff regularly reviewed the effects of medications on each patient's mental and physical health.

Good

Forensic inpatient or secure wards

Staff followed systems and processes to prescribe and administer medicines safely.

Staff regularly checked expiry dates on medicines and recorded removal of these. However, when we reviewed medicines in the stock cupboard, 3 boxes of medicines were expired. We informed staff who removed and disposed of the items straight away. All other medicines we checked were within expiry dates.

Staff reviewed each patient's medicines regularly and provided advice to patients and carers about their medicines. We reviewed multi-disciplinary meeting records where discussions about medicines and treatment plans were recorded. The service had access to patient information leaflets with easy read versions.

We reviewed 10 medication records and saw that staff prescribed and administered medication safely. Staff reviewed the effects of each patient's medicines on their physical health according to NICE guidance. They used the National Early Warning Score 2 to monitor the effects of medication on patients' health. We also reviewed insulin management and angina management guidance in two patients prescribing records to inform staff of how to manage these needs for these patients.

Staff regularly checked patients with diabetes blood glucose levels. We reviewed diabetic records which showed that staff regularly checked these.

Staff kept up to date consent to treatment, capacity assessments and second opinion approved doctor records in prescribing folders. Staff ensured consent to treatment records matched prescribing records.

Staff completed medicines records accurately and kept them up to date. However, whilst reviewing prescribing documents, staff had recorded medicines for one patient as being unavailable for 2 days. Managers informed us this was a medicines error as the staff were not aware of where to find this medication. However, no harm had been caused to the patient and managers took immediate action to address this and were conducting a full investigation to ensure lessons were learned and improvements were made.

Staff stored and managed all medicines and prescribing documents safely. All medicines were stored in the clinic room in a locked trolley and cupboards.

The provider contracted a pharmacy to complete regular audits of medicines management including prescriptions.

Staff followed national practice to check patients had the correct medicines when they were admitted, or they moved between services. Staff requested for reconciliation records from the general practitioner or previous service.

Staff learned from safety alerts and incidents to improve practice. Staff were informed of this in team meetings and clinical governance meetings. Alerts from other hospitals were cascaded and emailed or placed in folders and notice boards for staff to view.

The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Doctors did not prescribe medicines above British National Formulary maximum limits.

Track record on safety

The service had a good track record on safety.

Good

Forensic inpatient or secure wards

Reporting incidents and learning from when things go wrong.

The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.

The provider reported 5 serious incidents between October 2022 and October 2023 relating to 2 unexpected deaths, which were as a result of natural causes, 2 serious injuries and a restricted item breach. The provider had completed investigations into all of these incidents.

Staff knew what incidents to report and how to report them. Staff knew how to report incidents and were able to access the system to do this.

Staff raised concerns and reported serious incidents and near misses in line with the provider policy. Staff knew how to use the incident reporting system and sought support from registered nurses, if required.

Staff understood the duty of candour. They were open and transparent and gave patients and families a full explanation if and when things went wrong. Managers aimed to resolve any complaints locally and met with patients to discuss and support patients with any concerns.

The provider gave patients, families, and carers a patient safety incident investigation information booklet so that they were aware of the investigation process and how they could contribute towards this. This included how they would like to share their experiences, provide input into any questions they would like considered in the investigation, to receive a copy of the draft and final report and to discuss the final report with the investigation lead.

The provider gave all patients 'Your safety matters' information detailing how the service supports and encourages patients to feel safe and what the service does to ensure this.

Managers debriefed and supported staff after any serious incident. Staff told us they would have a de-brief after any incidents at the service.

Managers investigated incidents thoroughly. Patients and their families were involved in these investigations. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients and families honest information and suitable support.

Staff received feedback from investigation of incidents, both internal and external to the service.

Staff met to discuss the feedback and look at improvements to patient care. Managers reviewed incident numbers in clinical governance meetings, analysed themes and trends and ensured lessons learned were met. We reviewed 3 months of clinical governance meeting minutes which demonstrated this. Managers also ensured all lessons learned were available in a folder for staff to review.

There was evidence that changes had been made as a result of feedback. Patients had previously complained about the food at the service. Managers had recruited a new chef who worked hard at improving the variety and presentation of food. Patients had provided positive feedback as a result of this.

Managers reviewed closed circuit television when investigating incidents and to support learning.

Good

Forensic inpatient or secure wards

The provider conducted a patient safety peer review of the wards where a member of staff and a patient completed a peer review of the wards to ascertain views of what patient safety means to people using the service. The findings were feedback to managers of the ward and an action plan was developed and any learning recorded and embedded.

Managers shared learning with their staff about never events that happened elsewhere. Staff received information about other services where serious incidents or never events.

Is the service effective?

Good

Our rating of effective stayed the same. We rated it as good.

Assessment of needs and planning of care

Staff assessed the physical and mental health of all patients on admission. They developed individual care plans which were reviewed regularly through multidisciplinary discussion and updated as needed. Care plans reflected patients' assessed needs, and were personalised, holistic and recovery-oriented. They included specific safety and security arrangements and a positive behavioural support plan.

Staff completed a comprehensive mental health assessment of each patient either on admission or soon after. We reviewed 6 care records and found assessments for all patients.

All patients had their physical health assessed soon after admission and regularly reviewed during their time on the ward. We observed records by the physical health nurse where physical health assessments and on-going monitoring were recorded. Patients received regular input from the physical health nurse and general practitioner on a weekly basis to monitor physical health issues such as diabetes. The general practitioner was also available to visit the service more frequently, if required and staff facilitated appointments to the local general practitioner practice if patients required this.

Staff developed a comprehensive care plan for each patient that met their mental and physical health needs. We reviewed 6 care records and found assessments met patient's needs Care plans were personalised, holistic and recovery-orientated. Care plans reflected patient's needs.

Staff regularly reviewed and updated care plans when patients' needs changed. We observed changes being made to care plans following increased needs to patients, these were reviewed regularly through multidisciplinary discussion.

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Best practice in treatment and care

Staff provided a range of treatment and care for patients based on national guidance and best practice. They ensured that patients had good access to physical healthcare and supported them to live healthier lives. Staff used recognised rating scales to assess and record severity and outcomes. They also participated in clinical audit, benchmarking, and quality improvement initiatives.

Good

Forensic inpatient or secure wards

Staff provided a range of care and treatment suitable for the patients in the service. Staff had adapted the remit of their wards and adapted their approach to care and treatment based on the changing needs of the patient group. South Weald ward provided a service to patients with mental health needs, whereas Westleigh Heights ward supported patients with low level physical health care needs as well as the elderly and frail alongside their mental health needs.

Staff supported patients with physical health needs such as falls management, dietary and frailty needs.

Staff delivered care in line with best practice and national guidance. Staff followed best practice guidelines when when prescribing medication and with dietary plans. For example, staff used the International Dysphagia Diet Standardisation Initiative (IDDSI) when supporting patient with dysphagia needs.

Staff identified patients' physical health needs and recorded them in their care plans. The provider employed a physical health nurse to assess, monitor and treat physical health concerns and had a visiting general practitioner attend the hospital twice a week. We observed physical health needs recorded in patients care plans.

Staff made sure patients had access to physical health care, including specialists as required. The provider had access to a wide range of disciplines such as a dietician, a chiropodist, a speech and language therapist and a physiotherapist. The provider had plans to have a dentist and barber visit patients on site.

Staff met patients' dietary needs and assessed those needing specialist care for nutrition and hydration. Staff used the Malnutrition Universal Screening Tool to assess for nutritional needs and completed specific diet plans for patients which were developed with the speech and language therapist and dietician. The provider had employed a new chef who was aware of these plans and made meals to accommodate the needs of the patients. Patients were able to make requests for specific foods and these were provided.

Staff helped patients live healthier lives by supporting them to take part in programmes or giving advice. Staff provided patients with a range of activities such as an onsite gym, walking group, swimming, horticulture, animal care, library, games, maths sessions, history, reading and reminiscence sessions.

Staff used recognised rating scales to assess and record the severity of patients' conditions and care and treatment outcomes. Staff used the Health of the Nation Outcome Scale.

Staff took part in clinical audits, benchmarking, and quality improvement initiatives. Staff engaged in clinical audits such as risk assessments, medication, and care plans.

Managers used results from audits to make improvements. Staff discussed improvements following audits at clinical governance meeting where this was a standard agenda item.

Skilled staff to deliver care.

The ward teams included or had access to the full range of specialists required to meet the needs of patients on the wards. Managers made sure they had staff with the range of skills needed to provide high quality care. They supported staff with appraisals, supervision, and opportunities to update and further develop their skills. Managers provided an induction programme for new staff.

The service had access to a full range of specialists to meet the needs of the patients on the ward. The provider had recruited a psychologist who was going through the onboarding process at the time of inspection. The service had an occupational therapist, two occupational therapy assistants, a social worker and a consultant and associate consultant.

There was also a physical health nurse onsite Monday to Friday and the service also employed registered general nurses to meet the physical health needs of the patients.

Managers ensured staff had the right skills, qualifications, and experience to meet the needs of the patients in their care, including bank and agency staff. Managers ensured recruitment processes were followed to ensure they recruited suitable qualified staff. We reviewed 4 staff files and found all relevant checks were completed.

Managers gave each new member of staff a full induction to the service before they started work. Permanent and bank staff had a two-week induction followed by two days of observation and shadowing a colleague. Agency staff had a checklist of mandatory areas they needed to be aware of and sign when completed. We viewed 5 induction records and saw this completed with dates and signatures.

Managers supported staff through regular, constructive appraisals of their work. Managers completed 95% of appraisals in the last year.

Managers supported non-medical staff through regular, constructive clinical supervision of their work. Managers completed management supervision with staff and reported 96% staff compliance in August, 88% in September and 88% in October 2023. Staff received clinical supervision with a reported compliance of 90% in August, 89% in September and 90% in October 2023. Supervision was recorded on the service's supervision template, signed, and dated by supervisee and supervisor. This was an improvement from the last inspection where we had identified this as a concern.

Managers supported medical staff through regular, constructive clinical supervision of their work.

Managers made sure staff attended regular team meetings or gave information from those they could not attend. We reviewed meeting minutes between April and September 2023. Managers ensured actions were documented and followed up. All staff had access to meeting minutes.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. Staff told us they were supported to progress. The service provided a nursing apprenticeship scheme which 2 members of staff were completing, and 2 more staff had requested to apply in 2024. An occupational therapy assistant was being supported to complete their occupational therapy training and the service provided national vocational qualification training opportunities.

Managers made sure staff received any specialist training for their role. The provider had introduced intensive training on end of life and palliative care which was provided by two local hospices and permanent, bank and agency staff had completed this. The provider organised training sessions for all staff including permanent, bank and agency staff on speech and language therapy. Staff were trained to improve their knowledge and understanding on the International Dysphagia Diet Standardisation Initiative to ensure staff had a good understanding and knowledge of patient's modified dietary needs. The physical health nurse provided staff with physical health and manual handling training on induction. Staff also received training on how to assess for pain using the Abbey pain score and training on falls.

Managers recognised poor performance, could identify the reasons, and dealt with these.

Multi-disciplinary and interagency teamwork

Staff from different disciplines worked together as a team to benefit patients. They supported each other to make sure patients had no gaps in their care. The ward teams had effective working relationships with other relevant teams within the organisation and with relevant services outside the organisation.

Staff held regular multidisciplinary meetings to discuss patients and improve their care. Staff held daily meetings that were attended by the whole multi-disciplinary team to review the previous day and plan for the next. The multi-disciplinary team met regularly to review care and treatment and to ensure care was provided from various disciplines.

Staff made sure they shared clear information about patients and any changes in their care, including during handover meetings. Staff from all disciplines held morning meetings, where they shared and discussed relevant information about patients and made plans to address any changes to care or areas of risk. Staff held handover meetings at the end of each shift.

Ward teams had effective working relationships with other teams in the organisation. Staff supported each other to make sure patients had no gaps in their care.

Ward teams had effective working relationships with external teams and organisations. Staff had good working relationships with external stakeholders such as care co-ordinators, commissioners, and case managers.

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

Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Health Act Code of Practice and discharged these well. Managers made sure that staff could explain patients' rights to them.

Staff received, and kept up to date, with training on the Mental Health Act and the Mental Health Act Code of Practice and could describe the Code of Practice guiding principles. Staff compliance with Mental Health Act training was 92%. Staff we spoke with had a clear understanding of the Mental Health Act and its principles.

Staff had access to support and advice on implementing the Mental Health Act and its Code of Practice.

Staff knew who their Mental Health Act administrators were and when to ask them for support. Staff we spoke with knew how to get information and support relevant to the Mental Health Act.

The service had clear, accessible, relevant, and up-to-date policies and procedures that reflected all relevant legislation and the Mental Health Act Code of Practice.

Patients had easy access to information about independent mental health advocacy and patients who lacked capacity were automatically referred to the service. The provider used a local advocacy organisation who attended the service regularly. Staff displayed information to access the advocacy service around the hospital.

Staff explained to each patient their rights under the Mental Health Act in a way that they could understand, repeated as necessary and recorded it clearly in the patient's notes each time. We reviewed care records that showed staff completed this in line with the requirement of the Act.

Staff made sure patients could take section 17 leave (permission to leave the hospital) when this was agreed with the Responsible Clinician and with the Ministry of Justice. We saw that patients were regularly utilising Section 17 leave.

Staff requested an opinion from a Second Opinion Appointed Doctor (SOAD) when they needed to. We observed second opinion doctor records attached to prescription charts.

Good

Forensic inpatient or secure wards

Staff stored copies of patients' detention papers and associated records correctly and staff could access them when needed. We observed detention papers in records.

Managers and staff made sure the service applied the Mental Health Act correctly by completing audits and discussing the findings. We observed a list of audits completed by the service which included an audit of mental health legislation. and mental capacity audit and subsequent action plans.

Good practice in applying the Mental Capacity Act

Staff supported patients to make decisions on their care for themselves. They understood the trust policy on the Mental Capacity Act 2005 and assessed and recorded capacity clearly for patients who might have impaired mental capacity.

Staff received, and were consistently up to date, with training in the Mental Capacity Act and had a good understanding of at least the five principles. Staff compliance with the Mental Capacity Act training was 88%. Staff demonstrated good knowledge of the Act and its principles.

There was a clear policy on Mental Capacity Act and deprivation of liberty safeguards, which staff could describe and knew how to access.

Staff knew where to get accurate advice on the Mental Capacity Act and deprivation of liberty safeguards. The service had their own mental health administrator who staff could contact for any support and advice.

Staff gave patients all support to make specific decisions for themselves before deciding a patient did not have the capacity to do so. Staff supported patients to make decisions and obtained consent in line with legislation and guidance.

Staff assessed and recorded capacity to consent clearly each time a patient needed to make an important decision. We saw evidence of capacity assessments in patients' records. The social worker and physical health nurse completed capacity assessments for physical health needs.

When staff assessed patients as not having capacity, they made decisions in the best interest of patients and considered the patient's wishes, feelings, culture, and history. We observed best interest records for a variety of decisions with input from family members.

The service monitored how well it followed the Mental Capacity Act and made changes to practice when necessary. We observed a list of audits completed by the service which included an audit of mental capacity and subsequent action plans.

Is the service caring?

Good

Our rating of caring stayed the same. We rated it as good.

Good

Forensic inpatient or secure wards

Kindness, privacy, dignity, respect, compassion, and support

Staff treated patients with compassion and kindness. They respected patients' privacy and dignity. They understood the individual needs of patients and supported patients to understand and manage their care, treatment, or condition.

We spoke with 9 patients and 5 carers.

Patients all said the environment was clean, they felt safe, and that staff were kind and supportive.

Patients spoke about their spiritual needs being supported.

Staff were discreet, respectful, and responsive when caring for patients. We observed staff to be kind and caring to patients and patients felt staff treated them with dignity and respect.

Staff gave patients help, emotional support and advice when they needed it. We observed staff providing patients with practical and emotional support during our inspection.

Staff supported patients to understand and manage their own care treatment or condition. Patients were invited to attend monthly ward rounds where they discussed their care plans, requests, and ongoing treatment. Patients also attended Care Programme Approach meetings where their care was reviewed, discussed, and updated.

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

Patients said staff treated them well and behaved kindly. We spoke with 9 patients who spoke positively about the staff caring for them.

Staff ensured they were aware of all patient birthdays and to ensure this was celebrated with a birthday cake.

Staff understood and respected the individual needs of each patient. Staff demonstrated a good knowledge of individual patient needs such as dietary requirements or activity preferences. We observed staff meeting those needs during inspection.

Staff felt that they could raise concerns about disrespectful, discriminatory, or abusive behaviour or attitudes towards patients. Staff we spoke with felt able to raise concerns if they needed to.

Staff followed policy to keep patient information confidential.

Involvement in care

Staff involved patients in care planning and risk assessment and actively sought their feedback on the quality of care provided. They ensured that patients had easy access to independent advocates.

Involvement of patients

Staff introduced patients to the ward and the services as part of their admission. Staff provided patients with an information booklet about the service which were available in easy read formats if required.

Good

Forensic inpatient or secure wards

Staff involved patients and gave them access to their care planning and risk assessments. We spoke with patients and the majority said they received their care plans and risk assessments. We reviewed care records which showed that patients had been given or offered a copy of their care plans and risk assessments.

Staff had completed an 'about me' summary about each patient which was produced with the patient and their family. This included their needs and wishes in relation to food, mobility, communication, care, treatment, likes, dislikes, and how to care and treat them.

Staff made sure patients understood their care and treatment (and found ways to communicate with patients who had communication difficulties). Staff provided patients with communication difficulties easy read versions of information and sought speech and language support.

Staff involved patients in decisions about the service, when appropriate. The service had an identified patient representative on the ward who raised concerns, ideas, and suggestions on behalf of the whole patient group.

Patients attended community meetings, which had a standard agenda. Actions were recorded as being met or updated. We reviewed 6 meeting minutes from May 2023 to October 2023 which were held regularly and were attended by the multi-disciplinary team. Minutes of community meeting demonstrated patient involvement and feedback about the service.

The wards displayed 'You Said, we did' boards which captured patient feedback and the actions staff took to address these. An example of this was a request for a site hairdresser which had been organised and a barber was due to attend the service. Patients had also requested for psychology input. Managers had recruited a psychologist who was going through the onboarding process. Patients also provided feedback about the food at the service where improvements had been made.

One patient participated in communication training for staff at the service. This was to provide the patient experience to ensure communication was at the standard expected.

Patients could give feedback on the service and their treatment and staff supported them to do this. Patients attended monthly ward round meetings where they could discuss their care and treatment plan.

Staff provided patients with easy read feedback forms about the food at the service. This was due to previous concerns about the quality of the food which had now improved. Patient feedback demonstrated this.

Staff supported patients to make advanced decisions on their care.

Staff made sure patients could access advocacy services. Advocacy staff were available either in person, virtually or over the phone every week and were able to provide support at meetings as per request to support the patients. Advocacy staff provided a quarterly report on the themes following their feedback from patients. Managers responded to this feedback and made changes as required.

Patient feedback was a standard agenda item in clinical governance. We reviewed minutes from July 2023 to September 2023 and found patient and carer experience was discussed.

Involvement of families and carers

Staff informed and involved families and carers appropriately.

Good

Forensic inpatient or secure wards

Staff supported, informed, and involved families or carers.

All carers spoke very positively about the care and treatment being delivered to patients at the service. Carers said staff were kind and knew the patients well.

The Social Worker engaged with carers either in person or by telephone. Carers spoke positively about this and felt informed and updated on their relative's care.

The service held carer events. The most recent event was to celebrate the 'Kings Coronation' in which carers and patients celebrated together.

Carers were invited to ward rounds and care programme approach meetings at patient requests.

Staff sought input from carers in 'Best Interest Meetings' to ensure the most appropriate provisions were made for their relative.

Carers said physical health care was very good and the service kept them very well informed about the care and treatment of their relative or friend.

Carers said visits with their relative or friend at the hospital, in the community and at home, were supported and facilitated.

Staff helped families to give feedback on the service.

We spoke with 6 carers who all felt involved and updated regarding their relative or friend's care. Carers spoke highly of the environment, staff attitude and invitations to meetings.

Carers were asked to provide feedback about the service and felt able to raise any concerns or complaints they had. One carer shared feedback about patients access to a dentist. Managers were arranging for a dentist to attend the service in the next few weeks to see patients on site.

Carers did not report any complaints about the service.

Is the service responsive?

Good

Our rating of responsive stayed the same. We rated it as good.

Access and discharge

Staff planned and managed patient discharge well. They worked well with services providing aftercare and managed patients' moves to another inpatient service or to prison. As a result, patients did not have to stay in hospital when they were well enough to leave.

Good

Forensic inpatient or secure wards

Bed management

Staff planned and managed discharge well. The average length of stay at Suttons Manor was 1637 days (approximately 4.5 years). Discharge was usually only delayed due to the lack of suitable accommodation or facilities or for other clinical reasons. Managers regularly reviewed length of stay for patients. They consulted well with services that would provide aftercare and were assertive in managing the discharge care pathway to ensure they did not stay longer than they needed to

Managers and staff worked to make sure they did not discharge patients before they were ready.

When patients went on leave there was always a bed available when they returned. Patients who went on community or home leave would have their beds available on return.

Patients were moved between wards only when there were clear clinical reasons, or it was in the best interest of the patient. Patients were rarely moved between wards. The remit of each ward had changed at the start of the year to best meet the needs of the patient group. Westleigh Heights ward cared for older patients with more complex physical health needs alongside their mental health needs, whereas South Weald cared for patients with primarily mental health needs.

Staff did not move or discharge patients at night or very early in the morning. Managers planned discharges in advanced.

Discharge and transfers of care

Managers included patient discharge pathways as a standard agenda as part of monthly senior management meetings where discharges, placements and how to improve and escalate this process was discussed. The service had one delayed transfer of care on Westleigh Heights ward and were actively engaging with stakeholders to secure an alternative placement or an enhanced care support package to meet their needs.

Some patients had conditions and restrictions applied to them from the Ministry of Justice requiring approval for community leave, transfers, or discharges.

Staff carefully planned patients' discharge and worked with care managers and coordinators to make sure this went well. Staff visited and assessed community and placement locations to ensure these were appropriate to meet patients needs. Staff also ensured patients with ministry of justice conditions were met prior to considering discharge options.

Staff supported patients when they were referred or transferred between services. Managers improved their discharge pathways links by connecting with other services to meet patients changing needs such as other Priory services or external hospice provision and support. Managers reported these pathways to have been successful for a number of patients over the last year with patients discharged to rehabilitation and recovery services, medium secure and hospice support for end of life treatment.

Facilities that promote comfort, dignity, and privacy

The design, layout, and furnishings of the ward supported patients' treatment, privacy, and dignity. Each patient had their own bedroom with an en-suite bathroom and could keep their personal belongings safe. There were quiet areas for privacy. The food was of good quality and patients could make hot drinks and snacks at any time.

Each patient had their own bedroom, which they could personalise. All bedrooms were personalised by patients.

Patients had a secure place to store personal possessions. Patients had locked cupboards to store restricted items. The security nurse had access to this and would record these items as they were taken in and out.

The service had a full range of rooms and equipment to support treatment and care. Staff and patients could access the rooms. Both wards had en-suite bedrooms, access to a quiet room, a spiritual room, a treatment room, a courtyard, and an outdoor garden to access fresh air. Patients could access all areas of the wards although access to the garden was supervised by staff due to the environmental security restrictions.

Patients met with visitors away from the ward areas in a separate building within the hospital site.

Patients could use their own mobile phones, once this was risk assessed or a telephone in a private room on the ward.

The service had an outside space that patients could access easily. There was a courtyard for each ward which patients could access freely 24 hours per day. There was also a 'Zen' garden for each ward. Westleigh Height's ward garden had supervised access due to the low height of the fence as a security measure. However, patients could access this on request. South Weald ward patients could access the garden freely.

Patients had access to large and well maintained grounds at the hospital site that they could access for walks and activities. The service kept chickens and peacocks which roamed freely around the grounds of the hospital and which patients helped to care for.

Patients could make their own hot drinks and snacks and were not dependent on staff. However, some patients were restricted in accessing snacks on Westleigh Heights ward due to particular dietary plans requiring dietician and speech and language intervention.

The service offered a variety of good quality food. The service had recently recruited a new chef. Patient feedback about the food was positive and they were happy with the improvements to the variety and presentation of the food.

Patients' engagement with the wider community

Staff supported patients with activities outside the service, such as work, education, and family relationships.

Staff made sure patients had access to opportunities for education and work, and supported patients. Patients had access to horticulture on the grounds and in the community. Patients had access to a number of 'real work opportunities within the hospital including paid roles such as ward cleaners, running the patient led shop and in horticulture. Patients had access to offsite opportunities including animal care and forest management. Patients also had educational opportunities in reading and maths where group lessons were held on-site. Patients could work towards gaining qualifications if they wished to.

Staff helped patients to stay in contact with families and carers. Patients had visits in the barn, in therapy and horticulture areas which were onsite but away from the hospital building. Patients had access to phones to keep in contact with family. Patients were able to attend home and community visits.

Staff encouraged patients to develop and maintain relationships both in the service and the wider community. Staff facilitated visits to the hospital and in the community with family and friends. Staff facilitated activities within the hospital and in the community as a group to encourage positive relationships amongst patients.

Good

Forensic inpatient or secure wards

Meeting the needs of all people who use the service.

The service met the needs of all patients – including those with a protected characteristic. Staff helped patients with communication, advocacy, and cultural and spiritual support.

The service could support and make adjustments for disabled people and those with communication needs or other specific needs. The service had a speech and language therapist who supported patients with dietary, swallowing and communication needs.

Both wards were on the ground floor making this accessible for patients. The service had a lift so that staff, patients, and visitors could get to and from the second floor to access offices, meeting rooms and the gym.

The service had equipment for patients to support with movement and mobility such as hoists, zimmer frames, bed rails, support rails, high back chairs, toilet frames, profile beds, rollators, pressure mattresses and cushions. Patients had access to wheelchairs if needed and 2 wheelchairs were bespoken for individual patients to meet their specific needs. The service also had standing and sitting weighing scales to be able to weigh patients who were unable to stand.

On Westleigh Heights ward, work was underway during our inspection visit, to change the bathroom to a wet room so that it was more accessible for patients who required additional support when attending to personal care. The service was due to commence work on improving the access to the en-suite toilets and shower rooms in bedrooms. Patients could access horticulture in wheelchairs and raised beds were built to ensure all patients could participate.

Wards were dementia friendly and supported disabled patients. Staff ensured signage was in pictorial and written form and in large fonts.

Staff made sure patients could access information on treatment, local service, their rights and how to complain. Information on how to complain was available on notice boards.

The service had information leaflets available in languages spoken by the patients and local community. Staff could access all information leaflets online.

Managers made sure staff and patients could get help from interpreters or signers when needed.

The service provided a variety of food to meet the dietary and cultural needs of individual patients. The chef provided food that was specified according to dietary plans, patient needs and preferences.

Patients had access to spiritual, religious, and cultural support. Patients had access to spiritual support onsite and were escorted to church regularly.

Listening to and learning from concerns and complaints

The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with the whole team and wider service.

Patients, relatives, and carers knew how to complain or raise concerns. The service had 6 complaints between October 2022 and October 2023. All complaints related to a variety of care needs including dissatisfaction with the food, access to leave, access to vaping, quality of care and communication. 3 complaints were partly upheld and 3 were not upheld.

Good

Forensic inpatient or secure wards

The service clearly displayed information about how to raise a concern in patient areas. Information on how to make a complaint was displayed on notice boards.

Staff understood the policy on complaints and knew how to handle them.

Managers investigated complaints and identified themes. Managers monitored complaints to understand themes and to ensure that timeframes were met to respond. Managers learnt from complaints and made actions to respond to these where appropriate.

Staff protected patients who raised concerns or complaints from discrimination and harassment.

Staff knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint. Managers met with patients whilst investigating complaints and afterwards to give feedback.

Managers shared feedback from complaints with staff and learning was used to improve the service. Staff shared actions following complaints and feedback from patients on 'You said we did boards. Staff also shared outcomes in staff and community meetings.

Lessons learned information was displayed on the ward and there was a folder of information for staff to access.

The service used compliments to learn, celebrate success and improve the quality of care.

Staff received 29 compliments between October 2022 and October 2023. The themes involved the quality of care, friendliness of staff, the quality of food, physical well-being, access to treatment and therapy, activities and access to the community, aftercare and continuity of care, the quality of communication and good access to information.

Is the service well-led?

Good

Our rating of well-led stayed the same. We rated it as good.

Leadership

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

There was effective leadership at all levels. Leaders demonstrated high levels of experience, The hospital director, the clinical director, and the ward managers worked well together to meet the needs of the patients and support their staff. Leaders were accessible, approachable and were spoken highly of by staff and patients.

Vision and strategy

Staff knew and understood the provider's vision and values and how they applied to the work of their team.

Good

Forensic inpatient or secure wards

The providers values included striving for excellence, being positive, putting people first, acting with integrity and being supportive. Staff we spoke with were aware of the provider's values and observation of staff's behaviours reflected the values of the service. We observed posters displaying the values at the hospital.

The provider had a strategy called the 'The Priory Plan' 2023-2025. The strategy included seven strategic goals that the provider was working on improving and had set goals to achieve. These included: covering the entire service users' journey, evidence-based clinical pathways, career development and learning opportunities, to become the top quartile for measured outcomes, to become the leader in digital healthcare, embed a culture of openness, inclusion and belonging and sustainable funding and efficient use of resources.

Culture

Staff felt respected, supported, and valued. They said the trust promoted equality and diversity in daily work and provided opportunities for development and career progression. They could raise any concerns without fear.

Staff spoke very positively about working at the service and felt supported and that they worked well as a team.

The service had an on site based Freedom to Speak Up Guardian. Managers had ensured information about the Freedom to Speak up Guardian was visible and accessible to all staff with information on notice boards. This included information about the guardian so that staff could get to know this person. The guardian also had pledges that they committed to and displayed on notice boards that they worked towards as part of their role as the Freedom to Speak up Guardian. The service had no concerns raised to the guardian in the last 12 months prior to the inspection.

Senior managers regularly attended the hospital to specifically engage with staff and patients at the service. The managing director and business development manager held regular engagement visits. The quality improvement lead held quality assurance and engagement visits and the hospital director held monthly engagement walk arounds.

Staff provided feedback to the service through staff surveys, the well-being committee, supervision, appraisals, staff meetings, talking with the freedom to speak up guardian, you said we did boards and monthly walk arounds by the hospital director.

Managers were currently working on an action plan following feedback from the staff survey in 2023.

Governance

Our findings from the other key questions demonstrated that governance processes operated effectively at team level and that performance and risk were managed well.

Our findings from the other key questions demonstrated governance processes operated effectively at team level and that performance and risk were managed well.

Overall, governance systems were effective. There were procedures to ensure wards were safe and clean, there were enough staff on each shift who were trained and supervised, patients were assessed appropriately, physical health was monitored, discharges were planned, information was provided in accessible ways, and incidents were reported, investigated, and learned from.

Leaders ensured there were structures, processes, and systems in place for the performance of the service. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from

the performance of the service. Staff, managers, and leaders were clear about what was discussed in team and governance meetings and had standard agenda items. Managers ensured safeguarding information and learning from incidents and complaints was shared with staff. Staff and patients knew the leaders and could approach them with any concerns.

Managers ensured clinical governance meetings covered all areas of risk and performance. We saw minutes of these meetings which included a full agenda and actions. Participation and engagement with patients were also part of the agenda and discussed.

Senior managers used key performance indicators to assess team performance such as training, supervision, and appraisal targets.

Staff undertook or participated in local clinical audits. The audits were sufficient to provide assurance and staff acted on the results when needed.

Management of risk, issues, and performance

Teams had access to the information they needed to provide safe and effective care and used that information to good effect.

Managers had changed the remit of each ward at the start of the year to meet the changing needs of the patient group. South Weald ward treated patients primarily with mental health needs, whereas Westleigh Heights ward cared for patients with more complex physical health needs alongside their mental health needs. Managers had invested in improving the physical health treatment and interventions at the service and had employed a full time physical health nurse, registered general health nurses on site, visiting general practitioners and physical health specialists to meet the needs of the patient group.

Leaders managed performance using systems to identify, understand, monitor, and reduce or eliminate risks. They ensured risks were dealt with at the appropriate level.

Managers held a site risk register which showed that risks were graded and rated red, amber, or green. Each risk was dated, had ownership and mitigating actions to reduce risk. There was evidence of updating of risk as changes occurred. Managers discussed items on the risk register at clinical governance meetings.

Managers held a site improvement plan where all areas of improvement were recorded and updated. Areas of improvement included the colleague survey, regulatory, internal quality inspections, commercial and financial, health and safety and environmental, annual audits, human resources and training and ligature audit. We reviewed this document and found all items were regularly reviewed and actions were identified with a named person responsible for these. Managers also ensured updates and completion dates were included.

The provider ensured that all services received quality walk rounds to review the safety, quality, and experience on the ward. Staff completing the quality walk rounds, recorded their first impressions of the ward, and looked at the cleanliness and infection control of the service. They also looked at outdoor spaces, reducing restrictive practice, quality improvement, staff experience, knowledge and understanding, safeguarding, patient feedback and experience. Managers were provided with feedback to ensure Improvements were made as a result.

Good

Forensic inpatient or secure wards

Information management

Staff collected analysed data about outcomes and performance and engaged actively in local and national quality improvement activities.

Managers analysed incident information at clinical governance meetings looking at themes and tends. They discussed and reviewed actions and learning from these.

The provider securely maintained electronic and paper files on patients and staff. Staff stored paper files in locked cupboards and electronic files required staff login details and passwords.

All staff, including bank and agency staff, had access to the information they needed to provide safe and effective care.

Managers had easy access to information relating to complaints, compliments, training compliance and staff sickness.

Employment records were robust and up to date containing interview notes, references, Disclosure and Barring Service certificate numbers and fully completed right to work checks, signed by human resources staff.

Engagement

Staff, patients, and carers had access to up-to-date information about the work of the provider and the services they used, for example, through the intranet, bulletins, and newsletters.

Managers engaged actively with commissioners and health and social care providers to ensure the service met the commissioning needs and supported the health needs of the patients.

Managers from the service engaged with local area partnerships including the local authority who they met with every 4-6 weeks to review any new or existing safeguarding cases. The service had a good relationship with local authority staff and were also able to contact them to seek support if required.

Managers attended the Elderly Forensic Network Sub-group with other services from the same provider to review, discuss and support each other on all aspects of providing forensic elderly care to patients.

The service had an identified Police Liaison officer who attended the service to meet with staff and patients when any incidents were reported. They were also invited to attend safeguarding meetings. Managers had worked with the local police to devise an emergency plan for response to the site if needed.

Managers regularly invited the allocated lead from NHS England to attend safeguarding meetings. Managers attended the quarterly key performance indicator meetings and serious incident closure panels with NHS England. NHS Engaged also engaged in service reviews where the most recent review was held in November 2023. Managers also submitted monthly quality and performance data to NHS England.

The physical health nurse, from the service has been invited to join the regions physical healthcare panel.

Managers engaged with the provider collaborative and attended the Secure Clinical Design Group.

The controlled drugs accountable officer attended regular meetings for the East of England and submitted a quarterly report. The service had a visiting pharmacist attend the service to complete a weekly audit report and to engage with the service.

Good

Forensic inpatient or secure wards

The service has an advocacy service who attended the service in person weekly to meet with patients. They also provided ongoing remote support for patients and attended ward rounds, care programme approach meetings and tribunals to support patients. Advocacy staff provided weekly feedback and quarterly report. Managers reviewed these at clinical governance meetings and took action as required.

Managers engaged with local services including a local hospice and a general practitioner and specialists such to meet the needs of patients.

The service is registered as part of the 'Quality Network for Forensic Mental Health Services' where they take part in annual reviews.

The provider engaged with a registered company to provide ongoing wellbeing support for staff.

The service engaged with an external care company to provide falls alarm equipment and monitoring for patients at risk of falls.

Managers engaged well with prospective employees to enhance recruitment and held regular meetings to review this. Managers worked well at retaining their staff and put in measures such as a shuttle service, well being events and good practice awards for staff.

Learning, continuous improvement and innovation

The provider held a research committee meeting which was attended by staff from the service.

The service was joined to the Quality Network for Older Adults' Mental Health.