Suttons Manor

Quality Report

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Date of inspection visit: 21-22 April 2016
Date of publication: 08/09/2016

This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from patients, the public and other organisations

Ratings

Overall rating for this location	Good
Are services safe?	Good
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 and Deprivation of Liberty Safeguards

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

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

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

Summary of findings

Overall summary

We rated Suttons Manor overall as 'good' because:

- Ward environments were clean, safe, and welcoming.
- The use of restraint was low because staff had the skills to support and de-escalate potential aggressive situations. The seclusion room was spacious and well-equipped. There were observation windows that staff closed to support patient's privacy and dignity.
- The provider staffed the wards appropriately and managers were able to increase staffing numbers based on patient need. 24 hour medical cover was available and the provider employed a physical health care nurse to support and monitor patients with physical health conditions.
- The organisation learnt from incidents. Staff reported incidents and managers investigated thoroughly. Managers communicated lessons learnt to all staff and the wider organisation.
- Patients had access to psychological therapies and treatments in line with NICE guidelines. The provider used National Institute of Clinical Excellence (NICE) guidelines in prescribing and monitoring the use of medications.
- Ranges of staff disciplines were available to work with patients to achieve their mental and physical care outcomes. Staff had regular team meetings to share information about how to support individual patients and discuss any issues that they had found.
- Staff were kind and respectful to patients and always took into account their personal, cultural and religious needs.
- Managers supervised staff regularly to ensure that they were up to date with mandatory training.
- The provider had a 'ward to board' initiative in place where staff and patients could feed back any concerns that they had. Staff knew the whistleblowing policy and told us that they felt confident that senior staff would manage their concerns appropriately in a sensitive and robust way without fear of victimisation.

However,

- There were blind spots in the bedroom corridors of the ward. Staff had used mirrors to reduce the risk. However staff would still find it difficult to see all these areas. Staff supervised patients when in the bedroom area to reduce any risks.

Summary of findings

Contents

Good

Location name here

Services we looked at

Forensic inpatient/secure wards;

Summary of this inspection

Background to Suttons Manor

The provider for this location is Partnerships in Care Limited:

Suttons Manor provides treatment and rehabilitation for mentally disordered men with a mental illness and/or personality disorder often referred for care by the criminal justice system. They have 26 beds.

Care is provided over two wards. Westleigh Heights ward is a low secure service providing care for adults aged 50 years and older. There are 13 beds on this ward and at the time of inspection all beds were occupied.

South Weald ward provides a specialist low secure forensic inpatient service to adults aged 18 - 49 years. This ward also had 13 beds which were all occupied at the time of inspection.

Rebecca Cosstick is registered with the Care Quality Commission as the hospital manager and as the controlled drugs accountable officer.

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

This service was last inspected by the CQC in 2013 and was compliant against all outcomes inspected. We found no breaches of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Our inspection team

Our inspection team was led by:

Lead Inspector: Lee Sears, inspector, mental health hospitals

The team that inspected the service included two CQC inspectors. We also had an expert by experience who had personal experience of using services of this type or caring for someone who uses services of this type.

Why we carried out this inspection

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

How we carried out this inspection

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

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

Before the inspection visit, we reviewed information that we held about these services.

During the inspection visit, the inspection team:

- visited both wards and looked at the quality of the ward environment and observed how staff were caring for patients
- spoke with 13 patients who were using the service.
- spoke with each ward manager

Summary of this inspection

- spoke with 10 other staff members; including doctors, nurses, social workers, healthcare assistants, and chefs
- interviewed the hospital director with responsibility for these services
- interviewed the external pharmacist responsible for overseeing medications at Suttons Manor
- attended three patient care reviews and one multi-disciplinary team meeting
- attended two therapeutic group patient activities
- collected feedback from three patients using comment cards
- looked at 10 patients treatment records
- reviewed 12 medication charts for patients detained under the Mental Health Act, 1983.
- carried out a specific check of the medication management on both wards
- looked at a range of policies, procedures and other documents relating to the running of the service.

What people who use the service say

Patients told us that they were happy with their care and that staff treated them with dignity and respect.

Patients told us that staff were quick to respond to them if they needed to talk to a nurse and if difficult situations arose on the wards that needed to be managed safely. Patients told us that they felt safe.

Patients said that they enjoyed the various activities available to them which gave a sense of purpose. Patients told us they enjoyed the food that was freshly prepared and they were able to have a say in the menu design and the design of the service as whole.

Patients told us that they were involved in the planning of their care.

Many we spoke too had been admitted to other hospitals in the past and told us the treatment at Suttons Manor was the best they had received.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

Good

We rated safe as good because:

- Wards environments were clean and safe. Staff carried out regular environment checks, and when staff found risks, they took steps to reduce or manage the risk.
- The seclusion room was spacious, well-equipped, and supported patient's privacy and dignity, even at times of intense observation and patient distress.
- There was enough staff to provide safe care. Ward managers were able to review and increase staffing numbers if needed.
- The provider used an internal bank of staff to fill vacant shifts to provide continuity of care for patients
- Medical cover was available out of hours. Doctors employed by the hospital took turns to provide cover.
- The provider's mandatory training compliance was 95%. Processes were in place to highlight staff needing training refreshers and supervision.
- Staff reported and investigated incidents appropriately. Health and safety meetings took place every month and staff discussed all issues relating to safety, such as incidents and ward environments.
- Staff discussed duty of candour at senior staff meetings. Duty of candour states that providers must be open and transparent with patients who use the services and other relevant persons (people acting lawfully on their behalf) in general related to care and treatment.
- The provider and staff learnt from incidents. Lessons learnt were fed back to staff during staff meetings, provider emails, and during supervision.

However;

- There were blind spots in the bedroom corridors of the ward. The provider had used mirrors to reduce the risk. However staff would still find it difficult to observe all of the bedroom areas. Staff supervised patients when in the bedroom area to reduce the risks of incidents occurring.
- There were ligature points on both wards. Staff identified these within the ligature audit. The provider had a room on each ward that was anti-ligature should they admit a patient at risk of self-harm. Staff would risk assess each patient's potential risk of self-harm and use increased patient observations to reduce risks.

Summary of this inspection

Are services effective?

Good

We rated effective as good because:

- Patients received timely and comprehensive assessments of their needs based on current and historic information.
- Staff regularly monitored patient's physical health care. Following an initial health assessment by the GP, the surgeries practice nurse would continue to monitor patient's health and liaise with the GP.
- The provider appointed a physical health care nurse following a service review in 2015.
- The provider used National Institute of Clinical Excellence (NICE) guidelines in prescribing and monitoring the use of medications and access to psychological therapies.
- Patients worked with the provider to create menus of foods they enjoyed and these were all freshly prepared on site by the provider's chef.
- Staff used the recovery model to provide holistic, recovery-orientated care.
- This MDT (multidisciplinary team) met daily during Monday to Friday to discuss individual patient needs.
- Staff had access to additional specialist training such as phlebotomy training, mentorship training and instructor training for MVA (Management of violence and aggression).

Are services caring?

Good

We rated caring as good because:

- Staff treated patients with compassion and respect. We spoke to 13 patients who told us that staff were kind and respectful and always offered support when needed.
- We observed good relationships between staff and the patients throughout our visit.
- Staff we spoke to were able to tell us of the individual needs of patients and how they adapted care and responses to meet those needs.
- Patients were involved in the care planning process, including assessments of needs on a weekly basis.
- Patients had access to advocacy services.
- Staff involved patients in decisions about the running of the ward.
- Each ward had a patient representative whose role was to represent patient's views gathered at the patient lead community meetings.

Are services responsive?

Good

We rated responsive as good because:

Summary of this inspection

- The provider operated at 99% bed occupancy. The average waiting time from assessment to admission was 39 days. This is within NHS England guidance of 42 days. Staff did not admit into beds when patients were on leave.
- Staff assessed referrals quickly within an average of four days.
- Staff planned discharges to take place between Mondays to Friday, 9 am to 5 pm. We saw discharge plans included arrangements to access community mental health support.
- Both wards had a variety of rooms where activities, individual nurse patient time, and therapy could take place.
- Each ward had a small room with a phone where patients could make private phone calls.
- The provider had courtyard gardens where patients could get access to fresh air or to smoke. There were also extensive grounds that patients could access if medical staff had given them leave under section 17 of the Mental Health Act 1983.
- The provider catered for different dietary requirements such as gluten free, diabetic needs and food for patients from different faiths such as halal and kosher.
- Patients were able to personalise their rooms.
- The provider offered a range of therapeutic activities over a seven-day period
- Both wards were well equipped to accommodate patients with physical disabilities and there was a lift for patients to access the activity rooms on the first floor.
- Information leaflets were available and accessible to patients in a variety of formats. Including easy read leaflets and leaflets in different languages for those whose first language was not English.
- The provider had access to interpreter services who would attend the ward to support patients in care reviews, tribunals or to assist with any other important meetings.
- The service had received one compliant over a twelve-month period.

Are services well-led?

Good

We rated well led as good because:

- The provider displayed their visions and values in ward areas and staff had a good understanding of how these were reflected into care practices.
- Regular patient and staff meetings took place to gather information that helped to form objectives and goals.
- The provider had effective governance systems in place to audit the service and undertook monthly clinical governance meetings.

Summary of this inspection

- Managers used electronic dashboards that allowed them to keep up to date with staff training and supervision needs.
- Staff took part in regular clinical audits, which meant that they had a good understanding of why these were important and could identify areas where they needed to improve.
- Staff recorded incidents and the provider had robust systems in place to review and monitor these.
- The provider had a 'ward to board' initiative in place where staff and patients could feed back to them any concerns that they had and these would be discussed during board meetings and an action plan to address issues raised would be shared.
- The provider carried out yearly staff surveys and responded to staff concerns.
- Staff knew the whistleblowing policy and told us that they felt confident that management would deal with concerns in a sensitive and robust way without fear of victimisation.
- The provider had an open and transparent culture and staff were not afraid of admitting to errors and learning from these.
- Staff were able to feed back to managers in various ways, including a monthly drop in session where they would speak to senior managers in the organisation.

However;

- The provider had a high sickness rate amongst unqualified staff. This related to a period of high staff turnover and low staff morale. This had improved in the months leading up to inspection.

Detailed findings from this inspection

Mental Health Act responsibilities

We do not rate responsibilities under the Mental Health Act 1983. We use our findings as a determiner in reaching an overall judgement about the Provider.

- All patients were detained under the Mental Health Act 1983
- Ninety five percent of staff were up to date with mandatory training which met the provider's target. The provider had mandatory training on the Mental Health Act 1983 and Code of Practice.
- The provider had various leaflets available to patients on the Mental Health Act, including different languages and easy read formats.
- We saw in the care records that staff read patients their rights on a monthly basis and a system was in place to highlight when this was due for each patient.
- Staff completed The Mental Health Act 1983 paper documentation correctly including Section 17 leave forms.
- Second opinion appointed doctors (SOAD'S) had assessed patient's ability to consent to treatment where appropriate and the necessary documentation completed.
- The provider had accessible copies of original Mental Health Act paperwork. A Mental Health Act administrator carried out regular audits to ensure that legal documentation was correct.
- The provider ensured that photographs of the patients in the care records were on their medicine administration records as required by the Mental Health Act Code of Practice. We found evidence that staff had completed consent forms for photographs in the care records.
- Patients had access to independent mental health advocates.

Mental Capacity Act and Deprivation of Liberty Safeguards

- Eighty percent of staff had received Mental Capacity Act 2005 training.
- The multi-disciplinary team assessed capacity. Doctors and nurses were responsible for completing capacity assessments and recording in care notes. These were comprehensive decision specific assessments; which documented additional information such as views of patient's, and advocacy.
- Staff had good knowledge of the Mental Capacity Act 2005. They were able to describe how they would assess capacity. Named nurses were involved in capacity assessments and incorporated information into patients care plans.
- Patients signed forms to consent to treatment and these were kept in care records.
- There were no patients subject to Deprivation of Liberty Safeguards (DoLS) at the time of inspection.

Overview of ratings

Our ratings for this location are:

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

Good

Forensic inpatient/secure wards

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

Are forensic inpatient/secure wards safe?

Good

Safe and clean environment

- Staff were not able to observe all areas of the wards. The provider had installed mirrors to improve visibility. Staff mitigated poor lines of sight by ensuring a staff member was always present on each corridor to monitor patients safely.
- We found ligature points in the bedrooms on both wards that staff had identified within a ligature audit. (A ligature point is anything which a patient could use to attach a cord, rope or other material for the purpose of hanging or strangulation). The ligature audit identified the window handles as a potential risk. The provider had an anti-ligature room on both wards so if they admitted a patient who was a risk of ligature, staff would allocate them these rooms. Staff risk assessed each patient prior to allocating rooms and if they were a potential risk of ligature they would allocate them to the anti-ligature room. If the room was unavailable, then staff increased patient observations to reduce the risk.
- Clinic rooms had appropriate equipment for physical health observations. Audits showed that staff cleaned and checked the equipment regularly. There was resuscitation equipment in grab bags for staff use in an emergency that was easily accessible. Staff checked resuscitation equipment weekly to make sure it was working and they checked oxygen cylinders to make sure they were in date.
- The seclusion room met with required standards as stated in the Mental Health Code of Practice. Staff were able to clearly observe patient's at all times. There were shower and toilet facilities that had anti-ligature fittings. There was a two-way intercom communication system allowed staff to talk to patients at any time. Staff could control the temperature of the room to maintain patients comfort. A clock on the wall orientated patients to time. The seclusion room was on South weald ward, but staff could easily access it from Westleigh Heights ward via the courtyard. This meant that patients from Westleigh Heights ward would not have to go through South Weald ward when being secluded therefore, maintaining their privacy and dignity.
- The patient areas of the ward and furnishings were all in good clean condition. However, the staff office on South Weald ward had peeling paint and exposed pipe work. The maintenance plan for the year did not include improving the office environment. Staff cleaned equipment and the ward regularly and recorded this in the cleaning audits.
- There were good infection control practices in place. Staff had access to hand washing facilities in the toilets and clinic room. Staff used appropriate protective clothing when providing care to patients and disposed of these safely in the correct bins. We observed appropriate hand washing by staff after they had provided care.
- The provider kept all equipment well maintained. All electrical equipment had been portable appliance tested (PAT tested).This is a routine test to make sure appliances are safe.
- Staff carried out regular environmental risk assessments. These included security, fire safety, trip hazards, and equipment safety. Staff documented these electronically on a dashboard. This was a tool on the

computer for recording various types of information. It highlighted to staff when the assessments were out of date. This meant that senior staff could easily track the assessments which were due for renewal.

- Staff had access to personal safety alarms. There were alarm panels in various locations around the ward that displayed the location of where staff had activated the alarm. This meant that staff would be able to respond quickly. Patients had a nurse call system in their rooms they could use to summon assistance if needed.

Safe staffing

- The staff establishment for South Weald was 6.5 whole time equivalent (WTE) qualified nurses and seven health care assistants. On Westleigh Heights ward the WTE was 5.5 nurses and 11 health care assistants. Each shift had a minimum of two nurses and three health care assistants. There was always adequate number of qualified staff on shift. Senior staff told us that it was very rare for them to be short of staff. This only happened when it was unavoidable such as, someone phoning in sick at short notice and not being able to arrange cover.
- The provider had a high staff turnover and vacancy rate for the past 12 months. South Weald ward had a 50% turnover of qualified and a 64% turnover for unqualified. They had a 40% staff vacancy rate for both qualified and unqualified staff. Westleigh Heights ward had a 10% turnover rate for qualified and a 64% turnover rate for unqualified staff. They had a 40% vacancy rate for qualified staff and a 9% vacancy rate for unqualified staff. In the three months prior to inspection, South Weald ward had 145 shifts covered by regular bank qualified staff and 409 shifts covered by unqualified staff. Westleigh Heights ward had 96 shifts covered by qualified bank staff and 308 shifts covered by unqualified bank staff. The provider had not used agency staff for the past three months. The provider is currently reviewing its recruitment and retention plan to address vacancies and staff turnover.
- Staff did not cancel leave due to staffing issues but they may rearrange it. Staff told us they would always discuss this with the patients so they can choose when they would like to go. Occupational therapy staff carried out many of the activities available to patients, and staff documented if they cancelled or rearranged leave or activities and managers monitored this. We reviewed the documentation and saw that staff rarely cancelled activities.
- Patients had weekly one to one time with their key worker on a weekly basis to discuss their care plan and their progress as part of their care plan. Patients told us that they always had time to talk with staff should they need to. Staff documented and senior managers monitored that patients were getting time with their named nurse.
- The provider operated an out of hour's duty rota for medical cover. Doctors covered both Suttons Manor and other hospitals run by the provider in the area. Staff told us that doctors could attend the ward within an hour. However, if it was a physical health emergency staff would call an ambulance.
- Ninety-five percent of staff were compliant with mandatory training, which met the providers target. Staff completed a week of mandatory training every year to ensure they kept in date.

Assessing and managing risk to patients and staff

- Staff completed risk assessments prior to admitting patients to the wards. The provider had an average referral to assessment rate of four days. Staff completed a historical clinical risk (HCR-20) risk assessment for patients on admission and regularly updated them.
- There were restrictions around smoking times to promote engagement with therapeutic activities. However, staff told us this was not a blanket restriction as patients could still go out upon request which patients confirmed.
- All patients were detained under the Mental Health Act 1983 so there were no issues regarding informal patients leave.
- The provider had policies and procedures in place for patients' observations. Staff reviewed patients' observation levels regularly during care reviews with medical staff. If patient risk increased at other times, Staff held reviews outside of formal care reviews to address this.
- The provider had low rates of restraint. Staff used restraint 22 times between August 2015 and April 2016. This includes 'friendly come along techniques'. Staff used these low-level techniques to encourage a patient to move away from an area. Staff used verbal de-escalation when patients were becoming agitated

and distressed, and only used restraint as a last resort. Staff were working towards reducing the use of restraint as recommended in the guidelines 'Positive and proactive care' produced by the Department of Health in 2014.

- Staff received annual safeguarding adult training. Ninety five percent of staff had completed safeguarding training. Managers monitored safeguarding referrals. Staff were aware of their individual responsibility in identifying any individual safeguarding concerns, reporting these promptly and ensuring protection plans were in place for patients. The hospital social worker logged safeguarding incidents and reported to bimonthly meetings with local authority representatives. Senior staff shared any identified lessons learnt to the staff group through supervision and staff meetings.
- The provider had good medicines management procedures in place. Staff kept medication locked in cupboards in the clinic room. The Provider kept controlled drugs in a separate locked cupboard. The nurse in charge of each shift was responsible for the keys to the medication cupboards. The provider had a contract with a local pharmacy that provided all the medication. A pharmacist would attend the wards every two weeks to audit stocks. They would then fill up stock medication and monitor patient medication. They would check expiry dates. Pharmacy transported medication to the hospital in sealed boxes for security.

Track record on safety

- The provider had one serious incident requiring investigation in the last 12 months. This was an unexpected death following deterioration in a patient's physical health. The provider had investigated the incident appropriately and had identified lessons learned. one of the concerns identified during the investigation was the relationship with the local general hospital and their response to the patients needs. It was thought that the recent appointment of a physical health nurse will support this need going forward.

Reporting incidents and learning from when things go wrong

- Staff reported near misses and incidents using an electronic incident reporting system. The health and safety officer reviewed these and reported any concerns to the senior management.
- Staff promoted an open and transparent culture and explained to patients when things went wrong. Staff invited family members to meetings, where appropriate, and discussed incidents. Staff documented duty of candour in the minutes of meetings. Duty of candour states that providers must be open and transparent with patients who use the services and other relevant persons (people acting lawfully on their behalf) in general related to care and treatment.
- The provider held monthly health and safety committee meetings where senior staff discussed improvements to safety. We reviewed the minutes of three meetings. Staff highlighted areas of the service that required improvement, discussed serious incidents and current action plans and shared lessons learnt.
- Staff received feedback following incidents. Staff told us they had access to a log and emails from the provider about lessons learnt from incidents. Staff displayed posters with all lessons learned on wards for people to read. Staff told us they discussed incidents within team meetings and health and safety meetings. Minutes from these meetings confirmed this took place. Examples of lessons learnt included, when a staff member was injured carrying a 'grab bag' when responding to an emergency. Following investigation, the provider ensured that grab bags had wheels to avoid staff having to lift them. Managers provided Staff and patients with a debrief after incidents. Staff said that they meet as soon as possible following an incident to discuss what happened, what went well, what went wrong and how they could have done things better. Staff spent time with patients following incidents to see if they need extra support.
- There were safe procedures for children visiting the Ward. The provider did risk assessments for each patient prior to children visiting the Ward. The provider had a visitor's room that was separate to the Ward. This meant that children did not go directly onto the Ward. Staff would supervise visits to maintain safety.

Good

Forensic inpatient/secure wards

Are forensic inpatient/secure wards effective?

(for example, treatment is effective)

Good

Assessment of needs and planning of care

- We reviewed 10 care records .Patients received a timely and comprehensive assessment of their needs. Assessments included both current and historic information. Staff assessed patients' needs over several weeks. They would then update the assessment and use the information to write comprehensive care plans covering all the needs identified.
- Patients received physical health checks on admission. The general nurse had responsibility to manage the physical health care needs of patients. The provider also had access to GP services that were available to support the management of physical illnesses such as diabetes or asthma. We found evidence of physical health care assessments on admission in patient's records. The practice nurse monitored the physical health needs of the patient with the support of the GP service.
- All care records were stored safely and securely. All staff including bank and agency staff had access to these. The provider used an electronic system with some information in paper format such as care plans and risk assessment. This meant staff had access to important care information in case of any technological breakdown. The staff kept paper records in a locked filing cabinet in the nurse's office.

Best practice in treatment and care

- Staff used National Institute for Clinical Health Excellence (NICE) guidelines when prescribing medication. Staff told us that they use guidelines when using anti-psychotic medication especially around the monitoring of physical health when using these medications. Staff also told us they use guidelines around diabetes management. We found evidence in the care records of NICE guidelines referred to when planning care.
- The provider offered psychological therapies recommended by NICE to help change negative behaviours. Psychology staff offered a range of therapies such as cognitive behaviour therapy and mindfulness. They also offered a range of therapeutic activities. Patients were able to take part in the providers smoking cessation programme. The provider had developed this programme using NICE guidelines.
- Patients had access to good physical health care. Patient's records showed that staff monitored physical health on a weekly basis and patients had annual physical health checks. The general nurse had responsibility for managing the physical health care within the hospital. They had also developed links with the local acute hospital that sent information straight to the practice nurse via a secure email address. Streamlining this service meant that patients could access timely treatment and support to specialist healthcare services such as the diabetes clinic and neurologists.
- Staff assessed and met patients nutritional and hydration needs. Staff carried out nutritional assessments on admission and made any necessary adjustments identified. Staff used assessments and malnutrition universal screening tools (MUST) to inform patient care including diabetes management and for a patient who drank excessively and had to have fluids limited.
- Staff used a range of rating scales to assess and monitor progress. These included Health of the Nation Outcome Scales (HoNOS) and the recovery star. HoNOS is a rating scale used to measure the health and social functioning of patients with severe mental illness. All patient records we looked at contained a HoNOS assessment. Staff also used the recovery star tool. The recovery star enabled staff to support individuals they work with, to understand their recovery and plot their progress. Staff updated these appropriately.
- Clinical staff were involved in clinical audits such as medication, infection control, health and safety, care plan and risk assessment audits.

Skilled staff to deliver care

- The multi-disciplinary team worked effectively to provide safe care. The provider used a range of staff disciplines including qualified mental health nurses, a general nurse, health care assistants, occupational therapists, psychiatrists, psychologists, and a social worker. Staff had the appropriate enhanced criminal background checks and references. The manager had a

computer dashboard that contained this information and all staffs relevant qualifications and registrations. This also highlighted when registrations required updating.

- All staff received an appropriate induction, during their first two weeks of employment. This included all mandatory training both face-to-face, and 'e learning'. The provider had implemented the care certificate for new health care assistants. Designed with the non-regulated workforce in mind, the Care Certificate gives everyone the confidence that workers have the same introductory skills, knowledge, and behaviours to provide compassionate, safe, and high quality care and support.
- Managers supported staff, providing regular supervision and appraisal. We checked the supervision records and staff supervision rates were 97% and appraisal rates were 98%. Staff told us that they would receive an email to tell them their supervision and appraisals were due and it was their responsibility to book with their supervisor.
- Staff communicated with each other to ensure safe care in weekly team meetings and daily handovers. Each ward had monthly nursing staff team meetings. During these meetings staff would discuss any recent incidents, safeguarding issues, patient's risks, and other relevant ward information.
- Staff could request specialist training and managers would provide this if it was appropriate to their role. Staff had received mentorship training, phlebotomy training, managing violence and aggression (MVA) instructor training and first aid training. Senior staff could attend management and leadership courses.

Multi-disciplinary and inter-agency team work

- There were daily multi-disciplinary team (MDT) meetings. This included all staff disciplines. We observed one of these meetings and how staff discussed various issues concerning different patients and how the team could support individual patients. This included a review of patient observations levels, physical health, and patient's involvement in therapeutic activities. Staff had a live agenda and minutes on a white board. Administration staff distributed the minutes to all staff after the meeting.
- Staff had handovers at the end of each shift. Staff discussed the individual patients they had worked with, to provide the following shift with relevant information. Staff had good relationships with other staff teams such as the occupational therapists or psychologists. They provided handovers to them of relevant information about risk that might affect the care they provided to patients.

Adherence to the Mental Health Act 1983 and the Mental Health Act Code of Practice

- Staff received Mental Health Act training as part of their mandatory training. This included the revised Mental Health Act code of practice. Staff compliance with Mental Health Act training was 95%, which met the provider's target.
- Staff adhered to Mental Health Act Code of practice. We reviewed 12 medication charts for patients detained under the Mental Health Act, 1983. All of these had consent to treatment forms attached informing staff about the patient's ability to consent to the treatment they received. Patients assessed as lacking capacity, had a second opinion appointed doctor assessments which staff attached to medication charts.
- Staff we spoke to had a good understanding of the rights and restrictions of patients detained under the Mental Health Act. Staff read patient's legal rights to them on admission then on a monthly basis. A computer system highlighted to staff when they needed this so that they did not miss them.
- Staff had access to advice and support about the Mental Health Act, 1983 from a Mental Health Act administrator Monday to Friday. The administrator audited Mental Health Act paperwork monthly to make sure it was correct, and highlighted any mistakes to staff in a timely way. Staff told us that they were able to contact the administrator if they required advice on issues related to the Act.
- Patients had access to a local IMHA (Independent Mental Health Advocate) service. Staff displayed information on posters in communal areas, and staff had access to leaflets explaining the IMHA service in a variety of different formats. This included easy read and different languages for those whose first language was not English which they gave out to detained patients.

Good practice in applying the Mental Capacity Act 2005

- Staff were trained in, and had a good understanding of the Mental Capacity Act 2005. Eighty percent of staff had

received up to date training in the Mental Capacity Act. Those who had not completed the training had booked onto future training days, as this was below the provider's target of 95%.

- The provider had appropriate policies in place for staff to follow regarding the Mental Capacity Act and Deprivation of Liberty Safeguards (DOLS). These were accessible to staff on the providers online internet.
- Patients had appropriate Mental Capacity assessment's in place that were decision specific. Staff assessed capacity in line with Mental Capacity Act best practice, including assessments for finances and consent to treatment. Staff held best interest meetings for patients who lacked capacity. This included all involved in the patient's treatment, including family and carers. Staff documented best interest decisions in patients care records. Patients had access to IMCA (Independent Mental Capacity Advocates) who visited the unit when needed.
- The Mental Health administrator provided staff with advice and guidance regarding DoLS and MCA if needed. As Suttons Manor was a low secure unit, all patients were detained under the Mental Health Act.

Are forensic inpatient/secure wards caring?

Good

Kindness, dignity, respect and support

- We observed staff treating patients with compassion and respect. We saw that staff engaged with patients in various activities, and that relationships between staff and patients were caring and supportive.
- Patients told us that staff were kind and respectful and that they protected their dignity and offered support when it was needed. We spoke to 13 patients in total.
- Staff understood the individual needs of patients. For example, we saw that staff always took into account patients cultural and religious needs and that patients felt at ease to ask for support. Staff we spoke to were able to tell us of the individual needs of patients. They explain how they adapted care and responses to meet those needs. For example, staff assigned a named nurse who could speak the language and was the same ethic background as patient who did not speak English as their first language. This meant that they could communicate patient's preferences with the whole team.

The involvement of people in the care they receive

- Patients did not always remember being orientated to the unit. However, patients we spoke to had been at the unit for long periods, some for over two years. Those admitted recently told us they received a good orientation to the ward, and staff had provided them with an admission pack, which included how the service was run, and how to make a complaint.
- Patient care plans recognised obstacles to recovery. Patients and staff worked creatively to devise interventions to overcome these. Patients recorded their views of their care and treatment at each care plan review and staff incorporated this within the updated plan of care.
- We observed three care reviews and patients were actively encouraged to attend and contribute to the process. Patients developed risk management plans with staff called positive behaviour support plans. Patients identified what could help them in times of distress. This included triggers to behaviour, so that staff could provide the appropriate support to patients.
- Four out of 13 patients we spoke to told us they did not have a copy of their care plan. However, staff informed us that on occasions, patients had refused to sign their care plan, and had refused a copy. We saw that staff had documented this in the patients care plan.
- Patients had access to a general advocacy service and the advocate attended weekly. Posters in communal areas informed patients when the advocate was coming. Patients were also able to request to see the advocate at different times and staff facilitated this to happen.
- Patients were active partners in their care. Staff held patient community meetings weekly. They also had ward representative meetings and a patient representative would feedback patients concerns to managers at a 'working together group'. Discussions included food, transport for leave, environmental changes, and activity timetables. Patient's had been involved in the recruitment of new staff by suggesting possible interview questions. Patients attended recovery group meetings. Minutes showed that patients attended regularly and were able to talk to staff,

including the hospital director to make suggestions, requests and provide feedback. Staff made changes based on patient requests from these meetings such as introducing menu-planning meetings, as food was a regular issue.

Are forensic inpatient/secure wards responsive to people's needs?
(for example, to feedback?)

Good

Access and discharge

- Both South Weald and Westleigh Heights wards operated at 99% bed occupancy. The wards admitted patients nationally across England, so did not have a specific catchment area. Assessments for new referrals to the service took an average of four days from the point of referral. Staff did not admit into leave beds. This meant that patients admitted to the service could go on leave without the risk of losing their bed, which supported their recovery.
- Staff moved patients only in the best interests of the patient. For example, when staff had raised safeguarding concerns and they needed to manage risks. Such as, if the was a conflict between two patients.
- The provider had a care pathway in place. This included timeframes for assessment from referral, admission, treatment and discharge. However, the provider was in the process of implementing a new pathway called Pathnav. This was an electronic system that would allow staff to monitor patients progress and this could be shown to patients in care plan reviews.
- Staff planned discharges to take place between Monday to Friday, 9 am to 5 pm. This meant that they planned discharges safely so that enough staff would be available to facilitate discharge and external support systems, such mental health community teams. The provider told us that there had been no delayed discharges in the last six months.

The facilities promote recovery, comfort, dignity and confidentiality

- South Weald and Westleigh Hieghts wards had a variety of rooms where activities, individual nurse and patient time and therapy could take place. This included quiet areas on the wards and a quiet garden area. We observed patients using these areas frequently throughout the day. There was an occupational therapy kitchen on each ward. Patients could learn basic cooking skills following occupational therapy assessments. Patients had access to a gym for physical exercise.
- There was a family room on Westleigh Heights ward, where families could visit. This was separate from the main ward to ensure visitors safety.
- Staff supported patients to contact loved ones whilst maintaining their privacy. Each ward had access to small rooms with a pay phone. Patients purchased phone cards to call home.
- Suttons Manor had extensive grounds and gardens. Patients were able to make use of these areas if medical staff had granted them Section 17 leave. Patients had access to garden courtyard areas where they were able to smoke, and a quiet garden space which the patients had designed and created.
- Patients told us they enjoyed the food served at meal times. There was a variety of choices of meals. Patients discussed and chose the menus during menu planning meetings. A chef cooked the food fresh on the premises. Snacks and drinks were available outside of meal times in a small kitchen which patients were able to access with staff supervision. Patients were able to keep additional snacks which they had purchased in the fridge. There was a drink machine in the lounge areas so that patients could get access to hot drinks when they wanted them.
- Patients were able to personalise their bedrooms. Patients had posters and photographs displayed in their rooms, and two patients had purchased their own armchairs for their bedrooms. All patients had access to lockable cupboards in their bedrooms where they could store their private possessions.
- Patients had access to a variety of activities that took place across the seven day week. The horticultural group offered patients the chance to develop their skills and gave them the opportunity to have some work experience. The provider allocated facilities in the grounds where patients grew vegetables and flowers. This had won an award within the organisation. Patients

could also attend a work placement at Lambourne End, a local outdoor learning centre. This gave the patients the opportunity to use their horticulture skills in the community.

- Patients had access to 'shop and social', a shop in the hospital run by the patients. Patients could attend the shop daily to purchase snacks and other items, whilst socialising. Patients were responsible for managing stock, auditing and accounting. Patients we spoke to were very complimentary about both these activities and they said that it gave them a sense of purpose and achievement and helped to develop their functional skills.
- Patients had adult education opportunities and were able to attend Maths and English groups which took place once a week by an external teacher. We observed one of these groups and saw that patients were encouraged to develop their maths skills in a supportive way that reflected their individual abilities.

Meeting the needs of all people who use the service

- Wards were equipped to accommodate patients with physical disabilities and based on the ground floor. Doorways were wide to allow for wheelchair access and there were disabled toilets in each ward area, and a lift was available for patients to access first floor activity rooms.
- Information leaflets were available and accessible to patients in a variety of formats. This included easy read leaflets and leaflets in a different language for those whose first language was not English. Leaflets available included how to make a complaint, leaflets about mental health rights and restrictions and how to access IMHA and IMCA services. The provider accessed interpreter services for patients who did not speak English as a first language or struggled with the language. Interpreters could attend ward reviews and physical health check-ups to ensure these patients had been involved in all aspects of their care and treatment.
- Staff considered patients dietary and fluid needs. Staff told us they could support a range of dietary needs including diabetic, gluten free and faith specific food such as Halal and Kosher food. Staff held menu-planning meetings with patients. We reviewed the minutes for three of these meetings. Patients would give feedback on the recent menus as well as make suggestions for future menus. During one of these meetings staff agreed to meet with patients to discuss nutritional values of foods to help patients make better choices.
- Staff supported people's different cultural and religious needs. There was a multi-faith room available for patients to use. The provider told us that they had plans to install permanent hand washing facilities in the room and we saw these plans within the maintenance and improvement plan. Prayer mats were also available for patients to use. The room also contained a variety of different religious text that patients could use. This included a Bible, the Quran and the Hebrew bible.

Listening to and learning from concerns and complaints

- The provider had only received one complaint in the previous 12 months. Staff investigated the complaint appropriately and the patient later withdrew this. 'How to complain' posters were displayed in communal areas and leaflets were given to patients on admissions. Out of the 13 patients we interviewed, 10 told us that they knew how to complain to a member of staff.
- Staff knew how to handle complaints appropriately. Staff told us in interviews how they would process a complaint whilst still supporting the patient and they felt that managers would act upon information.
- Senior managers discussed complaints at monthly clinical governance meetings. This included complaints for other locations owned by the provider. This meant there was cross location learning that would be disseminated to staff even when complaints had not occurred on individual units.

Are forensic inpatient/secure wards well-led?

Good

Vision and values

- Staff and patients knew about the provider's visions and values. The provider displayed these around ward areas for staff and patients to see. Staff were able to explain the visions and values in interviews and refer to the posters on display.

- The team based their objectives on the provider's visions of values to improve quality of the service, to care for patients safely, and to value people. We saw that through regular team meetings the staff regularly discussed improvements to services, and staff and patients had various forums to make suggestions on service development.
- Staff knew senior managers. They told us that they knew the senior managers within the organisation and that these people occasionally visited the ward environments. Staff told us that managers were approachable and available.

Good governance

- The provider had effective and safe systems in place to audit the service and used the information to improve the quality of the service. Monthly clinical governance meetings took place and audits were discussed when issues had been highlighted, such as medication errors, ligature audits and Mental Health act audits. We saw that staff had put action plans in place to address these issues.
- Ward managers had access to dashboards that identified when staff were due or out of date for supervision, appraisals and mandatory training. Staff told us they received an email to inform them they were due so they were able to stay up to date.
- Managers ensured shifts were staffed safely, using regular internal bank staff to cover shortages and increasing staff numbers depending on need. Staff and patients told us that staff spent their time on care activities with patients and were not spending long periods doing paperwork. Managers audited staff time spent with patients to ensure that patients received appropriate time with their named nurse. Staff recorded in the computerised care notes when they spent time with patients. This meant the managers could identity any issues that might interfere with this time, for example if activity levels had been too high and increase numbers of staff if needed.
- Staff completed clinical audits. The managers could keep track which audits staff had completed on an electronic dashboard. The manager would also see any issues identified from audits and act accordingly. We reviewed the dashboards and saw that managers had kept them up to date.
- The provider had robust procedures in place to review and monitor incidents and complaints. They discussed these at the organisations board meetings. Using the 'Ward to Board' procedures in place meant that staff and patients could feedback to senior management teams about issues raised in community and team meetings. Once the provider had evaluated the information, the board would feedback to ward staff what actions to take and lessons learned. The board followed each of these actions up at the next meeting. We saw evidence that a variety of meetings took place to ensure that staff at all levels received information needed to implement changes from lessons learnt.
- The provider ensured that all clinical staff had appropriate training to understand the procedures in place when caring for patients detained under the Mental Health Act, 1989, and, or, who lacked capacity to make decisions. Managers audited staff attendance and had a system in place to alert them to staff that needed appropriate training updates.
- Ward and hospital managers told us that they felt they had enough authority to do their jobs safely. Each ward had a ward clerk to manage administration tasks and the overall hospital manager had a personal assistant to support them. This meant that managers had time to focus on the clinical needs and every day running of Suttons Manor.
- When staff identified issues of risk they told us they felt supported to report these to the hospital manager. The manager would review the risks and when necessary place these on the providers risk register. For example, issues identified by staff from environmental safety audits.

Leadership, morale and staff engagement

- Managers used staff surveys as an opportunity to engage staff and developed action plans to address issues and concerns that staff raised. In November 2015, 33% of staff disagreed or strongly disagreed that partnerships in care managers knew how things really were. 25% of staff stated that they disagreed or strongly disagreed that the provider supported them to reach their potential and 26% disagreed or strongly disagreed that their views mattered. In response managers implemented three monthly 'drop in' sessions for staff to come and speak to senior management and express views. Managers encouraged unqualified staff to take part in the new care certificate, and continuing

professional development became a subject for discussion at staff supervision. Managers implemented a 'you said we did' initiative to inform staff of action taken.

- Sickness and absence rates varied amongst qualified and unqualified staff. South Weald Ward had a sickness rate of 3% for qualified staff and 8% for unqualified staff. Westleigh Heights Ward had sickness rates of 1% for qualified staff and 13% for unqualified staff. The provider related this to the fact the wards had had a difficult period of transition of staff, and that consequently, there had been a period of low morale. However, this had improved in recent months prior to inspection and staff we spoke to told us morale had improved.
- Ninety percent of staff who responded to the staff survey stated that they felt respected by their colleagues and 80 % of staff felt that management addressed unacceptable behaviour.
- There were no reported whistleblowing cases in the last 12 months, although staff we spoke to were able to tell us the processes and procedures they would follow. Staff we spoke to told us that managers were approachable and listened to any concerns raised. Staff told us that in recent months things had improved greatly.
- The provider had ensured that hospital and ward managers had undertaken a leadership course run by the provider. Managers told us that this had been beneficial to them being able to carry out their role.
- Staff were given the opportunity to feedback about services and service development. From the staff survey the provider had taken a number of measures to support staff to express their views and opinions. An example of this was a member of staff who felt that fluid and bowel charts did not include the right information. They were able to create a new chart that was quality assured by managers and then implemented for staff to use on Suttons Manor.

Commitment to quality improvement and innovation

- The provider was committed to improving the quality of the service by using set local commissioning quality improvement goals. This included reducing the amount of deaths of people with severe mental illness from physical ill health. For example, identifying and assessing patients with Schizophrenia who might be a higher risk. In doing so, improving access to physical health services and health outcomes for this group of patients. The provider participating in research health projects and recent employment of a physical health care nurse evidenced this.
- Managers had quality objectives and clinical strategies set by the provider. This included improving patient safety, improving clinical effectiveness, promoting involvement, and maintaining an effective workforce. This demonstrated the provider's commitment to quality and innovation.
- The provider was committed to three research projects at the time of inspection. One of these was a therapy introduced by one of the clinical psychologists called 'Mindful colouring'. The psychologist was researching the benefits of patients colouring complex patterns alongside staff during individual time. We observed staff and patients doing this together, and that patients appeared at ease. Staff told us that it had been beneficial and that patients had been able to talk about complex feelings and emotions in a calm and reflective way whilst engaged in the activity.
- The second research project was regarding bullying in psychiatric services. This was looking into patient on patient bullying and its effective on care outcomes.
- The third research project was on the identifying risk programme. Staff had developed some in house training on identifying risks. The provider shared the training with NHS England. The research is looking into how the training programme has changed practice.

Outstanding practice and areas for improvement

Outstanding practice

The horticultural group offered patients the chance to develop their skills and gave them the opportunity to have some work experience. The provider allocated facilities in the grounds where patients grew vegetables and flowers. Patients had developed this area including designing and creating the quiet garden space for patients to use. This had won an award within the organisation. Patients could also attend a work placement at Lambourne End, a local outdoor learning centre. This gave the patients the opportunity to use their horticulture skills and gain work experience.

Patients had access to 'shop and social', a shop in the hospital that patients ran. Patients could attend the shop daily, purchase snacks, and other items, whilst socialising. Patients were responsible for managing stock, auditing and accounting. Patients we spoke to were very complimentary about both these activities and they said that it gave them a sense of purpose and achievement and helped to develop their functional skills.

Sutton's manor was involved in three research projects at the time of inspection that aimed to improve patient's quality of care. One of these was a project called 'Mindful Colouring'. Patients and staff could engage in colouring intricate pictures together and that whilst patients focused on this task they would be able to express difficult and complex feelings and emotions and address these in a calm, reflective way. We observed this therapy in practice and its positive impact on patients at the service.

Areas for improvement

Action the provider SHOULD take to improve

The provider should take all necessary action to remove ligature points throughout both wards.