

Kneesworth House

Quality Report

Bassingbourn-cum-Kneesworth
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2017
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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?

Requires improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

Mental Health Act responsibilities and Mental Capacity Act 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 Kneesworth House Hospital as good because:

- Staff completed detailed risk assessments using recognised tools that included comprehensive risk management plans. Staff updated individual risk assessments following incidents. Staff knew what incidents should be reported, incidents were reviewed and feedback distributed to staff via a 'lessons learnt' bulletin and discussion in meetings. We identified positive reductions in restrictive practices linked to individualised risk assessments on the medium secure wards. Rehabilitation wards reported low levels of restraint and seclusion over the past nine months.
- Overall mandatory training compliance for staff was 84%. Safeguarding adult training compliance was 98% and for safeguarding children was 96%. They received supervision in line with the provider's policy, attending both 1:1 supervision and group reflective practice sessions. Compliance ranged between 72% and 100%. Staff received a thorough induction programme with support workers training to care certificate standards. Staff accessed regular reflective practice sessions.
- The provider had estimated staffing levels on the wards and numbers and mix of staff was adjusted to take into account of patient need and safety. Ward managers block booked agency staff to provide continuity of care for patients.
- On the rehabilitation and acute wards the provider had mitigated risks posed by obstructed lines of sight by the use of convex mirrors and closed circuit television. The provider had refurbished the bathrooms and wash hand basins in bedrooms on the acute ward with anti-ligature fixtures and fittings. The provider had improved infection control by removing carpeting from the majority of the wards and replacing with laminate flooring in line with the 2016 inspection report action plan. Housekeeping staff kept most ward areas visibly clean.
- Patients accessed regular physical health care monitoring; a GP visited the site twice a week, with practice nurses based on site. Care records showed that staff monitored patients' physical health needs throughout their admission.
- Psychology staff delivered specialist treatment programmes, working with models recognised for use in secure and rehabilitation services. Occupational therapists provided vocational rehabilitation programmes and encouraged patients to access opportunities to aid reintegration with the local community.
- Secure wards held regular multi-disciplinary team meetings and encouraged patient attendance to contribute to their care and treatment programmes. Patient records contained detailed information relating to leave entitlement and outcomes. Where patients did not have authorised leave, staff tailored therapeutic activities for the ward environment. Staff regularly discussed discharge planning as part of multi-disciplinary and professionals meetings. Discharge planning commenced at the point of admission on to rehabilitation wards and staff on all wards focussed on treatment, recovery and reintegration back into the community.
- We observed many caring and compassionate interactions between staff and patients. Patients told us that staff were caring and approachable, and most said they felt safe on the wards. Patients gave examples of where staff had gone above and beyond to offer them support for example staying late to facilitate family visits. Patients were involved in developing care plan goals, and completed a document that included their goals, strengths and how they liked staff to support them.
- The wards ran a variety of activities including at weekends for patients to attend. Patients had regular visits to community services and could access local shops and gym with authorised leave.
- The provider had a clear complaints policy and this included sending update letters to complainants. Patients felt their complaints were answered and action taken as a result.

However:

- All secure wards contained blind spots and poor lines of sight. Environmental ligature risks were present on all secure and rehabilitation wards; the corresponding audit tool was cumbersome and did not assist staff to link environmental risks to patient's individual risk

Summary of findings

assessments and care plans. The quality of patient care plans varied across the secure wards. Agency staff told inspectors they could not access electronic patient records relating to risk information.




- Shift handover meetings on secure wards did not discuss patient observation levels or associated clinical risks in detail. Mirrors above the wash hand basin in two bathrooms on the acute ward had sharp corners. We identified safety concerns in seclusion rooms. Seclusion paperwork on secure wards contained gaps in recording and non-compliance with the provider's seclusion policy and the Mental Health Act Code of Practice. Provider supplied data showed 410 episodes of restraint across the wards for the six months prior to the inspection.
- Staff did not consistently complete ward security checks, and took personal belongings including contraband items through the secure reception areas and onto the wards. Staff reported delays in serious incident investigation outcomes and implementation of associated action plans for the acute and secure wards.
- Some treatment environments were tired and in need of refurbishment. Housekeeping staff did not consistently adhere to infection control practices, and staff did not consistently adhere to the provider's dress code.
- On wards without emergency grab bags, staff stored emergency medicines in clinic room cupboards, this could result in staff confusion in an emergency. Some medication cards examined had authorisation signatures missing and examples of incorrect

medication administration. National early warning score assessment paperwork did not include the corresponding chart to check scores against. There were episodes of missed nasogastric feeding on a secure ward.

- Wards had between eight percent and 35% staff vacancy rate, and a high use of agency staff. Patients reported cancellation in 1:1 sessions and activities due to staffing pressures. Some acute ward staff told us they regularly moved between wards to cover staffing shortages. Inspectors identified concerns in the management of staff breaks. Frequency of staff meetings varied across the wards.
- Inspectors identified some examples of punitive approaches used on the secure wards particularly in relation to Section 17 leave entitlement. Carers and family members of secure ward patients reported concerns about patient safety and the quality of communication with ward staff. Some patients on secure wards reported feeling unsafe, with a bullying culture between patients. Patients on the acute ward told us that the community meeting was being held too early in the morning and that it was often cancelled. Patients told us that actions arising from these community meetings were not carried out. The quality of patient community meeting minutes varied between wards. The provider did not have a staff or patient lead for equality and diversity. Their policy did not include how to manage staff receiving abuse due to protected characteristics such as race or gender. Some staff reported having been racially abused by patients and that the provider had not addressed this.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Acute wards for adults of working age and psychiatric intensive care units	Good 	The acute admission ward is Bourn.
Forensic inpatient/secure wards	Requires improvement 	These wards are Ermine, Icknield, Clopton, Orwell and Wimpole.
Long stay/rehabilitation mental health wards for working-age adults	Good 	These wards are Nightingale, Wortham, Fairview, Swift and Bungalows 63, 65 and 67.

Summary of findings

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Good 

Kneesworth House Hospital

Services we looked at

Acute wards for adults of working age and psychiatric intensive care units; Forensic inpatient/secure wards; Long stay/rehabilitation mental health wards for working-age adults.

Summary of this inspection

Background to Kneesworth House

Partnerships in Care Limited as part of the Priory Group of companies provided inpatient mental health and learning disability services at this location.

Kneesworth House provides medium and low secure wards, an acute admission ward and locked and open rehabilitation wards.

The Care Quality Commission last completed a comprehensive inspection of this hospital between 29 November and 1 December 2016. There were breaches identified of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 at that time. Requirement notices were issued under:

- Regulation 12 – Safe care and treatment
- Regulation 15 – Premises and equipment
- Regulation 17 – Good governance

The overall rating for the hospital was requires improvement, with inadequate for the safe domain, good for effective, caring and responsive and requires improvement for the well-led domain.

The provider submitted an action plan and regular updates were supplied.

The Care Quality Commission completed an unannounced inspection on the 17 August 2017 in response to two serious incidents and receipt of information of concern requiring further investigation.

Two wards were inspected – Wortham (locked rehabilitation) and Wimpole (low secure).

There were breaches identified of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 at that time. Requirement notices were issued under:

- Regulation 10 – Dignity and respect
- Regulation 12 – Safe care and treatment
- Regulation 17 – Good governance
- Regulation 18 – Staffing

The provider submitted a further action plan, which along with the action plan for the 2016 inspection findings, were reviewed as part of this comprehensive inspection.

The musts (breaches of regulation) and shoulds from the 2016 comprehensive inspection, and the 2017 unannounced, focussed inspection reports were reviewed as part of the inspection process.

The provider had addressed the identified concerns, implemented measures to prevent reoccurrence or provided assurances with time-framed action plans for issues to be addressed linked to their site wide refurbishment programme.

The hospital had a registered manager and a separate controlled drugs accountable officer.

The service is registered to provide the following regulated activities:

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

The hospital had 155 registered beds. During the inspection, there were 132 patients receiving care and treatment.

There were 83 beds in the secure services, 60 beds in the long stay/rehabilitation service and 12 beds in the acute service

The following core services were inspected:

Forensic inpatient/secure wards.

- Clopton - 15 bed medium secure service for men with a personality disorder.
- Ermine - 19 bed medium secure service for men with a mental illness.
- Icknield - 16 bed medium secure service for men with a learning disability.
- Orwell - 18 bed low secure service for men with a mental illness.
- Wimpole - 15 bed low secure service for women with a mental illness/personality disorder.

At the time of our visit there were 73 beds occupied.

Long stay/rehabilitation wards for working age adults.

Summary of this inspection

The open rehabilitation settings consisted of bungalows and one ward:

- Bungalow 63 - four bed service for men with a mental illness.
- Bungalow 65 - four bed service for women with a mental illness.
- Bungalow 67 - four bed service for men with a mental illness.
- Bungalow 69 - four bed service was vacant.
- Swift - four bed service for men with a mental illness/ learning disability

The locked rehabilitation setting consisted of wards:

- Nightingale ward - 17 beds each for men with a mental illness.
- Wortham ward - 17 beds each for men with a mental illness.
- Fairview - six bed service for women with a mental illness.

At the time of our visit there were 47 beds occupied.

Acute wards for adults of working age:

- Bourn - 12 bed service for women.

At the time of our visit there were 12 beds occupied.

Our inspection team

Lead: Gemma Hayes CQC Inspector – mental health hospitals.

The team consisted, six inspectors, one bank inspector, one Mental Health Act reviewer, one specialist pharmacy inspector, three specialist professional advisor (with

professional backgrounds in psychology, nursing and social work), and one expert by experience that had personal experience of using or caring for someone who uses the type of services we were inspecting.

Why we carried out this inspection

We inspected this service as part of our ongoing comprehensive mental health inspection programme. This was an announced inspection.

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 and asked a range of other organisations for information.

During the inspection visit, the inspection team:

- visited 13 wards and looked at the quality of the treatment environment and observed how staff interacted with patients
- spoke with 49 patients who were using the service
- interviewed 10 managers aligned to each ward
- met with 54 other staff members; including doctors, nurses, social workers, occupational therapists, administration and support staff
- interviewed 18 members of the senior management team including the hospital director, director of nursing, the operations director and managing director
- attended three senior management morning meetings and one safer staffing meeting
- spoke with two family members or carers

Summary of this inspection

- held one service user focus group, attended by nine patients
- attended and observed two team risk management, referral and allocation meetings
- examined in detail 52 care and treatment records
- reviewed 112 patient medication cards and all clinic rooms
- examined 13 sets of seclusion paperwork
- attended two patient care reviews and two activity groups
- collected feedback on 36 comments cards
- examined a range of policies, procedures and other documents relating to the running of this service.

What people who use the service say

We spoke with 58 patients individually and in a focus group during the inspection.

They told us that regular staff on the wards offered them support and practical advice in relation to management of their mental health and wellbeing. However, they said the use of bank and agency staff could result in inconsistent treatment, and staff unfamiliar with their needs.

Patients told us they knew how to make a complaint, and how to access the advocacy service.

Patients said they used the weekly community meetings as a forum for raising concerns and making suggestions about service improvement. However, patients on the acute ward reported the community meetings started too early, were often cancelled and that actions arising were not followed up.

Most patients reported to feel safe on the wards, and that staff were caring, kind and supportive. However, some patients on secure wards said they felt unsafe and said there was a bullying culture between patients.

Patients expressed frustrations in relation to the hospital wide smoking ban and the impact this had on their quality of life.

Some patients spoke about their experiences of restraint and seclusion. Patients understood the need for restraint, but at times reported staff to be heavy handed in their approach.

Patients told us they enjoyed the activities and education courses available, however some patients on secure wards reported that activities and leave were cancelled due to staffing pressures, and patients on the acute ward requested an increase in activities at weekend.

We received varying feedback in relation to food quality and menu choices, with some patients reporting to enjoy the food and some reporting the food to be served cold and be unappetising.

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?

We rated Kneesworth House Hospital safe as requires improvement because of the safety issues identified within secure wards, these were felt to outweigh the aggregation rating for the whole hospital:

- All secure wards contained blind spots and poor lines of sight without adequate equipment in place to mitigate risks.
- While environmental ligature risks were present on all secure wards; the corresponding audit tool was cumbersome and did not assist staff to link environmental risks to patient's individual risk assessments and care plans.
- Inspectors identified safety concerns in all seclusion rooms; these included some blind spots, loose fitting fixtures and ligature points.
- Housekeeping staff did not consistently adhere to infection control practices, and had vacancies within their team.
- Staff did not consistently adhere to the provider's dress code.
- On wards without emergency grab bags, staff stored emergency medicines in clinic room cupboards. These did not have a sign to indicate this, and this could result in staff confusion in an emergency.
- Inspectors found out of date nutritional supplements and syringes, and inconsistent clinic room temperature monitoring. Some medication cards examined had authorisation signatures missing and examples of incorrect medication administration on secure and rehabilitation wards.
- Staff did not consistently complete ward security checks.
- Wards had between an eight percent and 35% staff vacancy rate, and a high use of agency staff. Patients reported cancellation in 1:1 sessions and activities due to staffing pressures.
- Inspectors identified concerns in the management of staff breaks, with staff working up to 10 hours on shift due to taking breaks in two hour blocks.
- Provider submitted data showed 280 restraint episodes across secure wards, 114 episodes for the acute ward and 18 for the rehabilitation ward for the six months prior to the inspection.
- Shift handover meetings on secure wards did not discuss patient observation levels or associated clinical risks in detail.
- Seclusion paperwork on secure wards contained gaps in recording and non-compliance with the provider's seclusion policy and the Mental Health Act Code of Practice.

Requires improvement



Summary of this inspection

- Inspectors identified staff taking personal belongings including contraband items through the secure reception and onto the wards.
- National early warning score assessment paperwork did not include the corresponding chart to check scores against to ensure staff knew when to take further action.
- Staff reported delays in serious incident investigation outcomes and implementation of associated action plans for the acute and secure wards.
- Frequency of staff meetings varied across the wards.
- Some acute ward staff told us they regularly moved between wards to cover staffing shortages.
- Mirrors above the wash hand basin in two bathrooms on the acute ward had sharp corners.

However:

- Overall mandatory training compliance for staff was 84%, with safeguarding adult training compliance was 98% and for safeguarding children was 96%.
- Inspectors identified positive reductions in restrictive practices linked to individualised risk assessments on the medium secure wards.
- On the rehabilitation and acute wards the provider had mitigated risks posed by obstructed lines of sight by the use of convex mirrors and closed circuit television.
- The provider had refurbished the bathrooms and wash hand basins in bedrooms on the acute ward with anti-ligature fixtures and fittings.
- The provider had improved infection control by removing carpeting from the majority of the wards and replacing with laminate flooring in line with the 2016 inspection report action plan.
- Housekeeping staff kept most ward areas visibly clean. The provider had placed hand sanitising equipment at the door of each ward. 'Wash your hands' posters were above wash hand basins.
- Ward managers block booked agency staff to provide continuity of care for patients.
- The provider had estimated staffing levels on the wards and numbers and mix of staff was adjusted to take into account of patient need and safety.
- The provider had taken measures to address the blind spots and poor lines of sight by installing mirrors on Nightingale, Wortham and Swift wards since the 2016 inspection.
- Rehabilitation wards reported low levels of restraint and seclusion over the past nine months.

Summary of this inspection

- Staff completed detailed risk assessments using recognised tools that included comprehensive risk management plans. Staff updated risk assessments following incidents.
- Staff knew what incidents should be reported, all incidents were reviewed and feedback distributed to staff via a 'lessons learnt' bulletin and discussion in meetings.
- Rehabilitation wards had responded to recent incidents of substance misuse by reviewing the substance misuse strategy, including urine drug screening and reviewing unescorted leave for patients who tested positive for illicit substances.

Are services effective?

We rated Kneesworth House Hospital effective as good because:

- Patients accessed regular health care monitoring; a GP visited the site twice a week, with practice nurses based on site. Care records showed that staff monitored patients' physical health needs throughout their admission.
- The multi-disciplinary team completed preadmission assessments, collecting historic risk information.
- Psychology staff delivered specialist treatment programmes, working to models recognised for use in secure and rehabilitation services.
- Occupational therapists provided vocational rehabilitation programmes and encouraged patients to access opportunities to aid reintegration with the local community.
- Patients accessed educational training programmes and could complete recognised employment certificates.
- Secure wards held regular multi-disciplinary team meetings and encouraged patient attendance to contribute to their care and treatment programmes.
- Staff received a thorough induction programme with support workers training to care certificate standards.
- Staff accessed regular reflective practice sessions.
- Patient records contained detailed information relating to leave entitlement and outcomes. Where patients did not have authorised leave, staff tailored therapeutic activities to the ward environment.
- Overall training compliance for Mental Health Act was 89% and Mental Capacity Act training was 85%.
- Patients had comprehensive assessments completed prior to and on admission.
- The wards held weekly multi-disciplinary meetings with the consultant psychiatrist, nursing staff, psychologist, social worker and occupational therapist.

Good



Summary of this inspection

- Staff received supervision in line with the provider's policy, attending both 1:1 supervision and group reflective practice sessions. Compliance rates ranged between 72% and 100%.

However:

- Inspectors identified some episodes of missed nasogastric feeding on a secure ward.
- Psychological therapy was not offered routinely to patients on the acute ward.
- The quality of patient care plans varied across the secure wards.
- Agency staff told inspectors they could not access electronic patient records relating to risk information.

Are services caring?

We rated Kneesworth House Hospital caring as good because:

- Inspectors observed many caring and compassionate interactions between staff and patients.
- Patients told us that staff were caring and approachable, and most said they felt safe on the wards.
- Patients were involved in developing their care plan goals, and completed a document that included their goals, strengths and how they liked staff to support them.
- The provider had a service user council made up of representatives from each ward and patients reported that staff addressed issues raised by their representatives.
- Staff allocated patients a buddy on admission to assist settling in and becoming familiar with the ward environment.
- Most records examined indicated patient involvement in the development of their care plans.
- Patients accessed advocacy services based on site.
- All wards held weekly community meetings to offer patients the opportunity to make complaints or contribute to the service.
- Patients gave examples of where staff had gone above and beyond to offer them support for example staying late to facilitate family visits.

However:

- Inspectors identified some examples of punitive approaches used particularly in relation to Section 17 leave entitlement on the secure wards.

Good



Summary of this inspection

- Carers and family members of secure ward patients reported concerns about patient safety and the quality of communication with ward staff. Some patients on secure wards reported feeling unsafe, with a bullying culture between patients.
- Patients on the acute ward told us that the community meeting was being held too early in the morning and that it was often cancelled. Patients told us that actions arising from this community meeting were not carried out.

Are services responsive?

We rated Kneesworth House Hospital responsive as good because:

- Staff regularly discussed discharge planning as part of multi-disciplinary and professionals meetings. Discharge planning commenced at the point of admission on to rehabilitation wards and staff on all wards focussed on treatment, recovery and reintegration back into the community.
- Patients could personalise their bedrooms, and communal areas on the wards contained art work and items designed and chosen by patients.
- Patients attended weekly activity planning meetings to contribute to ward activity timetables.
- Some patients had their own mobile telephones and chargers, linked to individualised risk assessments.
- Staff assessed patient's physical independence and support needs in relation to disabilities to ensure suitability for the ward environments, as three wards were on two floors with no lifts in situ.
- Patients accessed spiritual support, with designated multi-faith rooms. Diets for specific health or religious needs were available.
- Some wards held records of compliments received.
- There was a variety of activities provided including at weekends for patients to attend. Patients had regular visits to community services and could access local shops and gym with authorised leave. Patients had access to the sports hall, café, library, and educational and vocational centre.
- Patients on Wortham ward and the Bungalows had access to a patient kitchen where they could prepare and cook their own food.
- The provider had a clear complaints policy which included the sending of update letters to complainants. Patients felt their complaints were answered and action taken as a result.

However:

Good



Summary of this inspection

- Some treatment environments were tired and in need of refurbishment.
- Inspectors identified a number of risk items such as board games and jigsaw puzzles stored on the top of cupboards in the communal lounge on Wimpole ward making them accessible to patients without staff supervision.
- The provider did not have a patient lead for equality and diversity.
- The quality of patient community meeting minutes varied between wards.

Are services well-led?

We rated Kneesworth House Hospital well led as good because:

- Staff reported high visibility of the senior management team, offering regular support and visits to the wards.
- Since the August 2017 inspection, the provider had improved data quality and access for ward managers to enable them to monitor staff performance. The provider's electronic dashboard allowed managers to see an overview of staff training, supervision and appraisal compliance, linked to staff performance.
- Ward managers and staff demonstrated a strong recovery focussed approach for patients linked to the provider's vision and values.
- Ward managers accessed dashboards to monitor compliance with the provider's key performance indicators.
- The provider held and regularly updated a hospital wide risk register.
- Most wards had low staff sickness with support in place for staff returning to work. Overall sickness rates ranged between one and three percent between June and November 2017.
- Staff morale and job satisfaction were high across most wards, and there were no reported incidents of bullying or harassment at the time of the inspection.
- Staff recognised the importance of strong team working and support for colleagues.
- Staff demonstrated a clear understanding of duty of candour and implemented this in their practice and approach towards patients.
- Senior managers visited the wards on quality 'walkabouts' and wards had a senior management representative who attended monthly ward management meetings.

Good



Summary of this inspection

- The provider held morning senior management meetings and daily safer staffing meetings to proactively address staffing shortages.

However:

- Inspectors identified areas of clinical practice, where greater management oversight and leadership was required including ward security, staff breaks, infection control practice, the quality of community meeting minutes and the robustness of shift handovers.
- The provider did not have an equality and diversity lead and their policy did not include how to manage staff receiving abuse due to protected characteristics such as race or gender. Some staff reported having been racially abused by patients and that the provider had not addressed this.

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.

- Overall Mental Health Act training compliance was 89%.
- Mental Health Act paperwork was scrutinised by the provider and scanned onto their electronic records system by the MHA administration team. T2 and T3 paperwork in relation to consent to treatment linked to patient medication records. Paperwork was in order for all the records we reviewed.
- Wards managers accessed a data base which generated reminders for staff to ensure that patient's had their rights under the Mental Health Act explained to them, and reviewed regularly; the system also indicated when review meetings were due to prompt staff to complete reports. Patients told us they had their rights under the Mental Health Act explained to them on a monthly basis.
- Patients had access to advocacy and independent mental health advocates based on the hospital site for support with complaints and tribunals. Information leaflets on advocacy services were on display in ward areas.
- The provider was unable to show evidence of regular Mental Health Act audit completion relating to seclusion paperwork.
- We scrutinised 13 sets of seclusion paperwork. They identified examples of doctors not reviewing the patient within an hour of entering seclusion, episodes of 15 minute observations not completed, multi-disciplinary reviews consisting of a doctor or a nurse rather than a full team and missed four hourly reviews.
- Staff logged all authorised escorted and unescorted leave outcomes using the electronic patient record system. We saw that episodes of leave were logged, including patient clothing and a plan for if patients did not return on time from leave.
- We reviewed 112 medication records and found that they all had consent to treatment forms attached.

Mental Capacity Act and Deprivation of Liberty Safeguards

- Overall Mental Capacity Act training compliance was 85%.
- From September 2016 to August 2017 there were no reported Deprivation of Liberty Safeguards applications or authorisations for any wards.
- Reductions in blanket restrictions were in place where assessed to be clinically appropriate.
- Staff we spoke with had a good understanding of the Mental Capacity Act and its guiding principles.
- We found evidence of advance decisions in place to enable patients to state their future wishes and preferences relating to their care in the event their capacity status changed.

Overview of ratings






Our ratings for this location are:

Detailed findings from this inspection

	Safe	Effective	Caring	Responsive	Well-led	Overall
Acute wards for adults of working age and psychiatric intensive care units	Good	Good	Good	Good	Good	Good
Forensic inpatient/secure wards	Requires improvement	Good	Requires improvement	Good	Requires improvement	Requires improvement
Long stay/rehabilitation mental health wards for working age adults	Good	Good	Good	Good	Good	Good
Overall	Requires improvement	Good	Good	Good	Good	Good

Acute wards for adults of working age and psychiatric intensive care units

Good 

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

Are acute wards for adults of working age and psychiatric intensive care unit services safe?

Good 

Safe and clean environment:

- Bourn ward was visibly clean and well furnished. The head of housekeeping held cleaning rosters; these demonstrated that housekeeping staff regularly cleaned the ward. Laminate flooring had replaced carpet in the ward apart from in the small and large lounge. We saw that there were plans in place to replace these carpets with laminate flooring linked to the previous inspection action plan.
- In one bathroom the flooring had come away from the wall and there was a hole where the flooring had not been correctly finished near the radiator. This was immediately addressed by the maintenance team when brought to the attention of senior managers. There were two sharp cornered mirrors in ward bathrooms.
- The provider had placed hand sanitising equipment at the door of the ward. 'Wash your hands' posters were above every wash hand basin.
- There were obstructed lines of sight in the ward. These were mitigated by the use of convex mirrors strategically placed to enable people to see into blind spots. Closed circuit television was used to enhance observations of the ward. There was a sign on the garden fencing stating this.
- The clinic room was spacious with a full range of regularly checked equipment. Room and fridge temperatures were recorded daily.

- The seclusion room had recently been refurbished, but subsequently de-commissioned by the provider. This had not been used for the past six months.

Safe staffing

- Day shifts began at 7.30am and ran until 7.45pm with a two hour break allowance. Day shifts comprised four staff, made up of two registered nurses and two healthcare assistants. Night shifts comprised one registered nurse and two healthcare assistants. These figures were adjusted by the ward manager to reflect the needs of the patients and individual risk assessments as necessary.
- Regular bank and agency staff were used to cover staff shortages, with some agency staff being 'block booked' in order to ensure continuity of care for patients. On occasion, staff from other wards of the hospital helped to cover any staff shortages.
- Vacancies existed for both nurses and healthcare assistants. There was a vacancy rate of two full time and one part time nurses and four vacancies for healthcare assistants. The provider had an ongoing recruitment programme.
- We analysed the staffing rosters for September, October and November 2017 and found all shifts to be fully staffed despite the vacancy figures. Staff and patients told us that escorted leave was very rarely cancelled.
- The number of shifts filled by bank or agency staff in September 2017 was 83 shifts during the day and 69 at night. In October 69 shifts were filled by bank and agency staff during the day and 42 at night. In November, 54 shifts were filled by bank and agency staff during the day and forty four at night. There was a low sickness rate and no long term staff sickness on the ward.

Acute wards for adults of working age and psychiatric intensive care units

Good 

- We observed that a registered nurse was always available to help patients in the communal areas, and enough staff to carry out physical interventions if necessary.
- Doctors engaged in an on call system to cover out of hours emergencies, with some doctors using a room at the hospital during the on call shifts and others commuting in when required.
- We saw evidence of mandatory training having been undertaken by staff. Eighty four per cent of staff had completed Mental Health Act training, ninety two percent completed Mental Capacity Act and ninety two per cent completed safeguarding (adults and children). All staff had completed breakaway training.

Assessing and managing risk to patients and staff

- There were no incidents of prone restraint use in the last six months. Staff used de-escalation techniques such as talking and going to quiet areas to reduce the use of restraint.
- We examined six records of care. These showed that staff regularly updated risk assessments following admission. Patients were risk assessed by senior staff prior to admission to check that they would be suitable for the care and treatment environment.
- Blanket restrictions regarding smoking breaks were in place to achieve the hospital's smoke free environmental plan. Staff accompanied patients to the smoking area every hour for fifteen minutes.
- Those patients not detained under the Mental Health Act were able to leave the ward if they wished. There was a sign on the entrance door telling patients of their right to leave if they were an informal patient.
- Staff understood the policy on searching patients. We observed a consultant discuss with a patient the potential of being searched when having been off the ward due to the risks that contraband items presented to patients and staff. Bedroom searches were undertaken at random and in the presence of the patient if they wished.
- Staff were very clear on the use and rationale for the observation policy. Staff explained how observations would be increased to within arm's length (level four) when patient risk was high. Staff explained how the provider was consulting with them to determine how to make time spent observing patients could be more therapeutic and meaningful for patients.

- National Institute for Health and Care Excellence guidelines were followed in the use of rapid tranquilisation. Patients deemed to need medication to help calm them were prescribed 'as and when required' medication. This was stopped as soon as the patient was assessed as no longer needing it. The pharmacist regularly audited and refilled the stock medications. We saw that the controlled drugs cupboard was fit for purpose. Staff had completed controlled drugs reconciliation correctly.
- Compliance with safeguarding adult and child training were both 92%. Staff gave examples of safeguarding issues and explained what actions they would take if they noted anything related to safeguarding. Staff said the main safeguarding themes across the hospital were due to individuals living together in close proximity.
- There was a visiting room on the ground floor that was away from the ward. Children could also visit relatives in a designated room in the main reception area.

Track record on safety

- Provider submitted data showed that from 1st January 2017 to 30 November 2017, there had been 253 incidents of self-harm reported, with 102 of these being an attempt resulting with no harm done, and eight as moderate. In the same period, 140 incidents of physical aggression were recorded, with 70 documented as no harm and two as significant the remaining were rated as moderate. There were 20 incidents of verbal aggression, 22 of contraband items being brought onto the ward and 12 incidents relating to patients' physical health.

Reporting incidents and learning from when things go wrong

- All staff knew that that they could report an incident on the electronic information system and that this would get reviewed by senior management. Senior management would then discuss, share and meet with staff to feedback any learning from the incident.
- The senior management team created a newsletter carrying different themes arising from incidents across the hospital.
- Staff learning was reinforced by senior management on their ward tours where staff and senior management could discuss any issues face to face.

Acute wards for adults of working age and psychiatric intensive care units

Good 

- Staff understood the principles of the Duty of Candour, explaining that they would be open and honest if something went wrong in the patient's care and treatment. They said part of this would be to apologise to the patient in line with the provider's policy.
- Teams and individuals could access further support following incidents via the provider's helpline. Staff said they were supported and debriefed following any incidents. Staff further discussed incidents during the reflective practice sessions held every six weeks (TR6 programme).

Are acute wards for adults of working age and psychiatric intensive care unit services effective?
(for example, treatment is effective)

Good 

Assessment of needs and planning of care

- Six records of care and treatment were examined in detail. These were clear and identified that thorough assessments and subsequent care planning had taken place.
- There was evidence of assessments being undertaken prior to admission, on admission and routinely reviewed thereafter.
- A full physical health assessment was undertaken as soon as the patient gave consent. Physical health care needs were regularly assessed. We observed the consultant discuss a physical health issue with a patient as part of their individual care review.
- Patients had completed care plans with staff and these personalised copies were available for staff to view in hard copy format in folders in the nursing office.
- Staff noted when the patient had been offered a copy of their care plan and whether or not they had accepted or declined it.
- The electronic recording system also held care plan notes, but these templates were not as personalised as the hard copies given to patients.

Best practice in treatment and care

- Patients accessed GP services through the onsite health hub, with GPs visiting on a weekly basis and full time

practice nurses based on site. Specialist advice was available from the dietician and speech and language therapist. Patients accessed the local acute hospital for specialist physical healthcare needs as required.

- National Institute for Health and Care Excellence guidance was being followed in the prescribing of medications. For example in the prescribing of anti-psychotic medication. Occupational therapists worked collaboratively with patients to develop therapeutic activity timetables. Psychology staff could refer patients for ongoing support in the community.

Skilled staff to deliver care

- The provider employed a range of professional disciplines to offer care and treatment to patients. These included nurses, consultants, doctors, occupational therapists and social workers. The provider contracted in pharmacy expertise from an external organisation.
- Staff had the necessary qualifications and experience to provide care and treatment to patients. Staff had to complete an induction period prior to commencing working on the ward.
- Clinical supervision rates for the three months prior to the inspection were 58% for August 2017, 67% for September and 89% for October 2017. A supervision structure was in place. The ward manager supervised the deputy managers, who then supervised the qualified nurses, who then supervised support workers.
- Staff requiring an appraisal had received one in the previous twelve months, with completion rates at 100%.
- Minutes showed that team meetings took place regularly.
- All staff were involved in a session the provider called TR6 whereby once every six weeks, six hours of reflection and training was undertaken for both day and night staff. This was secured by staff accruing six hours, in 15 minute increments, of paid time over the month as part of their shift pattern. Staff identified specialist subject areas of learning to be delivered by a peer or senior medical staff.
- The provider had a designated human resource team based in Leicester, with administration assistants based on site. The human resource lead told us that a member of staff had been recruited to offer HR advice and support to managers when addressing poor performance of staff.

Acute wards for adults of working age and psychiatric intensive care units

Good 

Multi-disciplinary and inter-agency team work

- Records showed that members of the multi-disciplinary team met regularly to discuss patient care and treatment. Care co-ordinators from community teams frequently attended. If the distance to travel to a face to face meeting was too great, telephone conferencing would be used. Local authority social services were invited, as well as input from individual's GPs.
- Staff were updated with patient issues by attending either a morning or evening handover. These lasted for thirty minutes.

Adherence to the MHA and the MHA Code of Practice

- All staff undertook training in the Mental Health Act as part of their induction and as part of mandatory training. Staff understood the sections of the Act that patients were being detained under and could describe these to us. We observed consent to treatment being discussed with two patients.
- All consent to treatment forms were attached to the prescription charts where applicable. Detained patients had their rights read to them on admission and thereafter until they could understand the meaning of the information. This was documented in their care and treatment records.
- Patients who were not detained were also informed of their rights. For example, to leave the ward at any time.
- A hospital wide team was available to answer any queries relating to the Act from patients or staff. Detention paperwork was reviewed and was found to be completed correctly.
- An independent Mental Health Advocate visited the ward regularly, either on an ad hoc basis, at the request of an individual patient or as part of the community meeting.

Good practice in applying the MCA

- All staff had received training in the Mental Capacity Act as part of their induction and then as part of their mandatory training requirements. Staff we spoke with understood the principles of the Act.
- Staff were able to give examples of areas where they had considered capacity when working with patients. Some staff were able to quote the five statutory principles.
- There were no patients currently subject to deprivation of liberty safeguard arrangements.

- Staff directed us to the provider intranet for policies and guidance relating to the Mental Capacity Act.
- We attended two patient review meetings. Staff discussed mental capacity within these meetings.
- Decision specific Mental Capacity assessments were recorded in individual patient's care records.

Are acute wards for adults of working age and psychiatric intensive care unit services caring?

Good 

Kindness, dignity, respect and support

- Staff interacted with patients in professional and caring ways. Staff took time to listen to patients, and responded to their needs appropriately. Of the five comment cards we received. Most feedback was positive regarding staff attitude. Patients said that the care was amazing and that staff were diligent and respectful. There were two comments that were negative relating to staff not responding to a call bell and another that some behaviours were felt to be judged as anti-social.
- We observed that during an individual care review, staff understood the individual patient needs. Staff took time to allow the patient to ask questions, absorb information and to share their own thoughts and feelings.
- The provider was reviewing their observation policy on the ward to make the experience more supportive for patients. Patients were consulted on their views as to how this could be improved.

The involvement of people in the care they receive

- The provider had introduced a 'buddy' system for patients. On admission a patient identified as a 'buddy' was introduced to the new patient in order to help them settle in. Staff showed the patient the ward area and the bedroom they would be using, as well as dining and lounge areas. Patients' needs on admission were assessed, and for those acutely unwell, care was taken not overload the patient with too much information.
- Risk assessment prior to admission was carried out by the consultant and nurse and followed up on

Acute wards for adults of working age and psychiatric intensive care units

Good 

admission. Staff created basic care plans on admission that were reviewed at a later stage with the patient as they were able to contribute more to their own care and treatment.

- Families and carers were able to attend Care Programme Approach meetings and could contact ward staff for updates.
- Patients told us that community meetings were held too early in the mornings and that they were often cancelled. We saw that over twenty weeks, eight sets of minutes were missing, indicating that only twelve meetings had taken place.

Are acute wards for adults of working age and psychiatric intensive care unit services responsive to people's needs?
(for example, to feedback?)

Good 

Access and discharge

- The service accepted referrals from nationwide sources. Staff were supportive of patients attending home leave as their treatment progressed. Contact was maintained with local healthcare professionals in order to promote and facilitate discharge to care and treatment closer to the patient's home wherever possible.

The facilities promote recovery, comfort, dignity and confidentiality

- The ward had large and small lounges, a dining room, activity rooms, a computer room, laundry and a clinic room. Bedrooms were down corridors off the main ward area. Patients were able to personalise their rooms if they wished. Each bedroom had a hand-wash basin. There were designated shower rooms and bathrooms as well as general washing and toilet facilities.
- Patients usually held their own mobile phones. There was a private ward telephone available should patients need to use it.
- Patients told us the food was of good quality, with choice of menu daily. Patients could access fresh fruit and hot drinks at all times.
- Each patient had a secure locker in which to keep their belongings and a lockable bedside cabinet. Bedrooms were not locked during the day.

- Patients had access to an unlocked courtyard area for fresh air during the day. Many patients used Section 17 ground leave and could access the café on site.
- Patients told us they would like more activities offered at weekends.

Meeting the needs of all people who use the service

- Staff assessed patient's physical healthcare requirements prior to admission, as the ward was across two floors, with no lift in situ.
- We observed in the individual care review meetings that patients were offered leaflets regarding their care and treatment. Staff could source the internet for information leaflets in accessible formats.
- Staff could arrange for interpreters and signers when needed. Dietary requirements could be met with two hours' notice. Staff would arrange for Chaplaincy to attend the ward if needed, and Section 17 leave to access spiritual support was available based on individual risk assessments.

Listening to and learning from concerns and complaints

- Patients told us they had received information on how to make a complaint.
- Staff explained the complaint process to us, including the importance of responding initially at local level to try to resolve a complaint. Findings from complaints were shared via TR6 training sessions, the monthly magazine and via ward based handovers and team meetings.

Are acute wards for adults of working age and psychiatric intensive care unit services well-led?

Good 

Vision and values

- Staff were able to describe the organisation's vision and values. Staff reported the values of the organisation to have remained the same since the provider was merged with the Priory Group in 2016.
- Senior management undertook regular ward visits. Each senior manager was attached to a ward area to

Acute wards for adults of working age and psychiatric intensive care units

Good 

encourage a sense of ownership and leadership. Staff said their senior manager often popped in, either at handover, at weekends or on an ad hoc basis. Staff spoke highly of the senior management team.

Good governance






- Staff received mandatory training, supervision and appraisals. Mandatory training included Mental Health Act (92%), Mental Capacity Act (92%) and safeguarding adults and children (both 92%). In addition, the TR6 training and reflection sessions offered further opportunity to share learning from complaints and incidents.
- Ward managers held a record of training data for their staff, and received a reminder when training was due for renewal. This assisted ward managers to monitor staff competency and performance.
- Each ward had a level of administration cover. Administrators supported front line staff with tasks such as scanning documents onto the electronic recording system, therefore enabling them to spend more time with patients.

- The provider held a hospital wide risk register, this was reviewed and updated regularly. Staff were able to submit items to the risk register through the monthly ward management meetings which a member of the senior management team attended.

Leadership, morale and staff engagement

- Staff reported they enjoyed their work. They felt morale was high. This was reflected in the low sickness and absence rates seen. Staff told us they would not hesitate to use the whistleblowing process should they need to. No staff were aware of any bullying or harassment cases.
- Staff told us of leadership development courses they had attended. The provider actively encouraged healthcare assistants to undertake nurse training.
- Staff told us they supported each other when the ward was very busy, working flexibly across wards on occasion. Some staff explained that they found this stressful.

Forensic inpatient/secure wards

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

Are forensic inpatient/secure wards safe?

Requires improvement 

Safe and clean environment

- Ward layouts on Ermine, Icknield and Orwell wards were across two floors. These wards had blind spots and poor lines of sight impacting on staff's ability to observe all patient areas. Some equipment such as convex mirrors and closed circuit television was in place, but this did not mitigate all risks. Wimpole and Clopton wards were on one floor, with two bedroom corridors, requiring staff positioned across the ward to achieve consistent patient observations.
- Ligature risks were present on all wards. Inspectors identified particular concerns on Icknield ward in relation to bedroom furniture and fittings. Wardrobes on this ward were not floor or wall fixed, damaged with broken and unlockable doors and draws preventing staff being able to mitigate risks. Some furniture was broken with the potential for use as a weapon or means of self-harm.
- Storage cupboards in patient's bedrooms on Wimpole ward were lockable, with the key held by the security lead for each shift. Inspectors noted that the cupboard hinges were prominent from the door fittings and could pose a ligature risk. Patients had regular access to their bedrooms, and some bedroom doors were unlocked, therefore giving patients the potential to access other patient's bedrooms.
- Some bedrooms contained plug in heaters to improve room temperatures. The heaters had long cables posing

a potential ligature or self harm risk. The decision to use plug in heaters was not linked to individual risk assessments, and these items were accessible to other patients if bedroom doors were left unlocked.

- Each ward had complete ligature risk audits. These were large documents, and not found to be user friendly, particularly when aiding agency staff to become familiar with the ward environment and associated risks to patients.
- All of the wards were compliant with the department of health guidance on the elimination of mixed sex accommodation.
- Wimpole, Orwell, Ermine and Clopton wards had seclusion rooms in use at the time of the inspection; Icknield's seclusion room was under refurbishment and therefore temporarily decommissioned. Refurbished seclusion rooms had lockable partition doors offering staff the option to keep the sleeping and bathroom areas separate. This door locked into a closed position against an internal wall, with gaps in the metal door frame inspectors identified as potential ligature points. Inspectors identified a blind spot in the Clopton ward seclusion room bathroom. Inspectors identified loose ceiling fixtures in the Wimpole ward seclusion room bathroom.
- Most ward areas were visibly clean and tidy, with furniture in a good condition. Inspectors noted the improved condition of Wimpole ward bathrooms following the unannounced inspection visit in August 2017. Housekeeping staff had deep cleaned the bathroom floors to improve the cleanliness and comfort for patient use, with further improvements scheduled for completion as part of the wider hospital refurbishment programme.

Forensic inpatient/secure wards

- We identified blocked toilets on Wimpole and Orwell wards, the maintenance team immediately addressed these concerns. A quiet lounge on Icknield ward smelt very unpleasant. The senior management team confirmed they would arrange for removal of the carpet and the room to be deep cleaned.
- Most staff adhered to infection control principles, with overall hospital staff infection control training compliance at 71%. Wimpole ward training compliance was the lowest for secure services at 39% with Clopton ward the highest at 94%. Inspectors observed housekeeping staff to be moving between ward areas and completing varying tasks wearing the same gloves on Wimpole ward, increasing the risk of cross contamination or spread of infection. The housekeeping trolley had a lockable section to prevent patient access to harmful cleaning products; however staff left this trolley unattended with cleaning products and items such as bin bags accessible to patients. Housekeeping staff left the key for the locked section of the trolley in the lock or on the top of the trolley making it accessible to patients. The senior management team immediately addressed these concerns.
- Inspectors identified staff on each secure ward not adhering to the provider's dress code and infection prevention control policies with examples including nail varnish worn by qualified nursing staff and non-stud earrings, facial piercings and not 'smooth' finger jewellery and rings worn by qualified nurses and support workers.
- Housekeepers identified a number of vacancies within their team impacting on their ability to consistently complete tasks across the secure wards; the team had agency staff in use. From cleaning records examined, we identified a deficit of housekeeping staff coverage at weekends, with two staff for the whole hospital site, only listed to work three hours on Saturday and Sunday mornings (six hours in total per shift). Staff and patients reported the standard of ward cleanliness to reduce over the weekends.
- We inspected each ward's clinic room. All were clean and tidy, with space for completion of patient examinations and treatment. Staff completed checks of emergency medication and daily checks of emergency equipment held in grab bags. However, inspectors

found nine out of date nutritional supplement drinks in stock. On Icknield ward there were gaps in the record for monitoring the clinic room temperature, and there were out of date syringes.

- Each ward completed a security book, this included radio checks, accounting for keys and items such as cutlery and shaving equipment. Inspectors found examples of incomplete cutlery counting forms with some incomplete for up to a day at a time, gaps in security checks for ward keys, management checks by the nurse in charge, checks of sports and activity equipment, presence checks of patients including missing observation levels, shaving equipment checks and radio safety checks. Staff identified environmental ward issues resulting from the security checks and listed these on the forms, with no indication of subsequent actions taken.
- At the time of the inspection, movement between wards was being prevented to manage a patient sickness outbreak. Ward security books recorded no completion of security checks at that time.
- All staff on secure wards had access to personal alarms to summons assistance as required.

Safe staffing

- Ermine ward reported to have 25 substantive staff, with 23% vacancies and two substantive staff leave in the 12 months prior to the inspection. Between July and October 2017, there were two shifts filled by bank staff, 62 shifts filled by agency staff and five shifts not filled to cover absence. Staff sickness between June and November 2017 was four percent.
- Icknield ward reported to have 30 substantive staff, with 12% vacancies and three substantive staff leave in the 12 months prior to the inspection. Between July and October 2017, there were four shifts filled by bank staff, 44 shifts filled by agency staff and three shifts not filled to cover absence. Staff sickness between June and November 2017 was three percent.
- Clopton ward reported to have 19 substantive staff, with 23% vacancies, and six substantive staff leave in the 12 months prior to the inspection. Between July and October 2017, there were 38 shifts filled by bank staff, 91 shifts filled by agency staff and five shifts not filled to cover absence. Staff sickness between June and November 2017 was two percent.
- Wimpole ward reported to have 20 substantive staff, with 29% vacancies, and nine substantive staff leave in

Forensic inpatient/secure wards

the 12 months prior to the inspection. Between July and October 2017, there were 34 shifts filled by bank staff, 160 shifts filled by agency staff and no shifts not filled to cover absence. Staff sickness between June and November 2017 was three percent.

- Orwell ward reported to have 19 substantive staff, with 12% vacancies, and five substantive staff leave in the 12 months prior to the inspection. Between July and October 2017, there were two shifts filled by bank staff, 64 shifts filled by agency staff and one shift were not filled to cover absence. Staff sickness between June and November 2017 was three percent.
- The provider had a proactive recruitment strategy in place. This included local advertising and recruiting from overseas.
- We reviewed staff rotas with ward daily planning documents to determine if the planned level of staffing correlated with the actual level working on each shift. We identified a lack of written contingency built into shift planners for covering tasks such as patient observations and ward security checks while staff took breaks. Many of the shift planner forms were incomplete. Shift planners listed occasions where the nurse in charge did not appear to take their full break entitlement. Planners indicated times where wards had one nurse at the start or end of a shift as the second nurse took the first or last break slots. On Icknield and Wimpole wards, the shift planners recorded three staff on breaks during shifts; managers told inspectors the agreed, maximum number of staff on a break at one time was two.
- Ward managers confirmed that they could adjust staffing levels each shift to reflect patient complexity and increased levels of patient observation. Inspectors attended shift handover meetings where we identified insufficient staffing numbers to complete the level and frequency of patient observations required. Staff reported this to be a common occurrence. The provider had systems in place to request bank and agency staff ahead of shifts, alternatively staff moved between wards to cover staffing deficits.
- We interviewed two carers or family members for patients receiving treatment on the secure wards. Both carers or family members expressed concern that their relatives reported to feel unsafe on the wards (Wimpole and Ermine wards). Both raised concerns in relation to

staffing levels and levels of experience, and the impact this had on the running of the ward and the quality of information shared when they contacted the wards to request an update on their relatives.

- Patients and staff raised concerns that some agency staff were unfamiliar with the ward environments, patient's needs and associated risks. Where possible, the provider block booked agency staff, offered support and training as a means of achieving consistency of approach.
- Due to the layout and configuration of the wards, qualified nurses were not present in all communal areas, but support workers monitored patient areas in addition to qualified nurses and as part of ward security checks completed during each shift.
- Staff and patients told us that due to staffing pressures and incidents on the wards, staff regularly cancelled one to one meetings with named nurses, leave and planned activities.
- Mandatory training compliance for Mental Health Act training ranged from 78% for Wimpole ward to 95% for Orwell ward. Mental Capacity Act training ranged from 67% for Wimpole ward and 94% for Clopton ward. Compliance with basic life support training for secure services ranged from the lowest of 50% for Wimpole ward and 100% for Clopton ward. This included defibrillator training.

Assessing and managing risk to patients and staff

- On Clopton ward for the six months prior to the inspection there had been six episodes of seclusion, no episodes of long term segregation, seven episodes of restraint, none resulting in use of prone restraint and no use of rapid tranquilisation.
- On Ermine ward for the six months prior to the inspection there had been 11 episodes of seclusion, one episodes of long term segregation, 19 episodes of restraint, two resulting in use of prone restraint and no use of rapid tranquilisation.
- On Wimpole ward for the six months prior to the inspection there had been 23 episodes of seclusion, no episodes of long term segregation, 185 episodes of restraint, six resulting in use of prone restraint and three episodes of rapid tranquilisation. The ward reported from the 185 restraints, 54 of these were to prevent self-harming behaviours.

Forensic inpatient/secure wards

- On Icknield ward for the six months prior to the inspection there had been 33 episodes of seclusion, no episodes of long term segregation, 62 episodes of restraint, seven resulting in use of prone restraint and no use of rapid tranquilisation.
- On Orwell ward for the six months prior to the inspection there had been two episodes of seclusion, no episodes of long term segregation, seven episodes of restraint, none resulting in use of prone restraint and no use of rapid tranquilisation.
- Staff reported use of restraint to be a last resort, with de-escalation techniques implemented first. Prevention and management of violence and aggression breakaway training ranged from 76% for Orwell ward and 100% for Clopton ward.
- The provider planned to implement new restraint training with the aim of reducing episodes of floor based restraint. This training was not in place at the time of the inspection. Inspectors identified limited space in the bedroom corridors on Ermine ward for completion of physical intervention.
- Inspectors examined 21 sets of patient care records including care plans and risk assessment documents. Staff completed risk assessments with patients on admission, and updated these documents following incidents. Risk assessment tools used included short-term assessment of risk and treatability, the HCR20 risk assessment tool and an escort baseline risk assessment. Inspectors identified examples of thorough and detailed risk assessments completed by staff on Clopton and Icknield wards.
- As part of the hospital's restrictive practice reduction programme, areas of daily routine such as access to bedrooms, use of china mugs, personal mobile phones and chargers, increased garden access and keeping the dining room unlocked during meal times was operating on the medium secure wards. This was under continual monitoring and re-evaluation by staff, with a planned review in three months or sooner if needed. Patients had responded well to increased freedom of movement. Staff on Clopton ward reported a reduction in patient related incidents compared to when all patients were sitting together during the day. Restrictive practices remained in place on Wimpole low secure ward linked to clinical risks associated with the patient group. These included timed access to e-cigarettes, plastic cutlery and crockery and restricted dining room access. However, increased daytime bedroom access was in place. Some staff reported safety concerns as bedroom access increased the amount of time patients were not under direct observation resulting in increased risk behaviours such as self-harm incidents.
- Most wards had patients that required increased levels of staff observation linked to clinical risk presentations. Inspectors attended a morning shift handover meeting on Wimpole ward and an evening shift handover on Ermine wards. Staff completed an electronic handover sheet, which they printed and used as a source of reference in the handover. Staff could access the printed sheet throughout the next shift held in a folder in the nursing station. Qualified nurses took notes, and allocated tasks within the team. However, at the start of the shift handover meeting on Wimpole ward there were three members of staff (the qualified nurse in charge and two support workers). By the end of the meeting there were eight. Those staff who missed information did not receive a summary. It was therefore unclear how these staff members were aware of all information discussed, as the sheet held in the handover folder had limited information on it. The sheet did not reflect staff discussions during the meeting and a proportion of the late staff were agency therefore potentially unfamiliar with the patients and ward environment.
- The provider had changed their observation policy following a serious incident earlier in the year. Inspectors identified concerns at the lack of detail provided during the handover, particularly to agency staff or those unfamiliar with the patients and ward environments in relation to observation levels and associated risks. Inspectors escalated these concerns to the senior management team.
- Wimpole ward had introduced a folder for each patient containing patient's likes and dislikes as a starting point for conversation or for de-escalation. Ward managers encouraged observation staff to engage with the patients, rather than just observe them; this decision linked to feedback from patients about their experiences and best practice approaches. The ward manager on Wimpole ward was encouraging staff to refer to observations as patient engagement. Whilst this was commendable, inspectors were concerned that this could cause confusion as it was not in line with the language used in the provider's observation policy.

Forensic inpatient/secure wards

- Medication cards showed there were no recent episodes of rapid tranquilisation to review in relation to adherence to the National Institute for Health and Care Excellence guidance.
- We reviewed 11 sets of seclusion paperwork. We identified examples of doctors not reviewing the patient within an hour of entering seclusion, episodes of 15 minute observations not completed, multi-disciplinary reviews consisting of a doctor or a nurse only and missed four hourly reviews. The issues identified contradicted the provider's seclusion policy and best practice guidance as outlined in the Mental Health Act Code of Practice.
- Safeguarding adults training compliance ranged from 94% for Wimpole ward and 100% for Clopton, Icknield and Orwell wards. Safeguarding children training ranged from 89% for Wimpole ward and 100% for Clopton and Icknield wards. Staff demonstrated knowledge and awareness of safeguarding practices and procedures. Between October 2016 and October 2017 the provider notified the Care Quality Commission of 201 safeguarding concerns. The nature of these alleged concerns included patient on patient incidents and allegations made against staff that were investigated by the provider.
- There were designated child visiting rooms located off the wards to facilitate family visits.
- Inspectors identified that some staff were taking bags and personal items through the secure reception and onto all the secure wards. As such, contraband items were entering ward environments, and not linked to risk assessments or accounted for. Inspectors escalated these concerns to the senior management team and spoke with the secure reception staff. The provider had implemented immediate measures to address this issue, and provided assurances they would work with staff to prevent reoccurrence.
- We examined 65 medication cards. On Clopton ward, we found one gap in signatures on a medication card and an error with insulin dosage with the patient being under rather than over medicated. Inspectors escalated this to the ward manager for further investigation.
- On Wimpole ward we found two patients were administered incorrect medication dosages within a 24 hour period and episodes of medication being given above British National Formulary guidelines for intended use that were not supported with a clear clinical justification. There were gaps in signatures in the medication cards
- On Icknield ward there was one gap in signatures on a medication card and one incident of a patient administered incorrect medication dosages within a 24 hour period. On Clopton and Icknield wards, staff stored emergency medication in a locked cupboard, with nothing to indicate their location. Inspectors escalated their concerns to the ward manager and senior management team to address immediately.
- The provider had a new pharmacy contract in place, which offered greater oversight of storage, dispensing and reconciliation of medication. Staff had more responsibility for ordering and checking stock levels. Staff spoke positively about the new contract. Qualified nursing staff completed safe handling of medicines training with compliance ranging from 83% for Orwell ward and 100% for Clopton, Wimpole and Ermine wards.
- National early warning score assessments were being completed, but the relevant paperwork did not include the corresponding chart to check scores against to ensure staff knew when to take further action.
- Since the 2016 inspection, the provider had improved the physical health care provision for the site. There were two nurses and two health care assistants on site full time and weekly GP coverage, with regular dentist and dietician clinics. The health hub completed assessments for patients with pressure care needs or increased falls risks, and worked closely with the in-house occupational therapists. The physical healthcare team reported good working relationships with external hospitals and community based nursing services.

Track record on safety

- The provider reported three serious incidents between April and July 2017, two relating to secure services. One incident was an attempt to make an explosive device and one was the unexpected death of a patient following serious self-harm by ligature. These had been investigated by the provider.

Forensic inpatient/secure wards

- In the 11 months prior to the inspection, Orwell ward reported 119 adverse incidents. 15 of these incidents classified as self-harm, 28 as physical aggression, 46 as verbal aggression, 18 as security and contraband and 12 as physical health concerns.
 - In the 11 months prior to the inspection, Wimpole ward reported 736 adverse incidents. 386 of these incidents classified as self-harm, 235 as physical aggression, 46 as verbal aggression, 50 as security and contraband and 19 as physical health concerns.
 - In the 11 months prior to the inspection, Ermine ward reported 176 adverse incidents. Six of these incidents classified as self-harm, 86 as physical aggression, 48 as verbal aggression, five as security and contraband and 31 as physical health concerns.
 - In the 11 months prior to the inspection, Clopton ward reported 50 adverse incidents. Nine of these incidents classified as self-harm, 14 as physical aggression, 18 as verbal aggression, five as security and contraband and four as physical health concerns.
 - In the 11 months prior to the inspection, Icknield ward reported 350 adverse incidents. 71 of these incidents classified as self-harm, 191 as physical aggression, 72 as verbal aggression, 11 as security and contraband and five as physical health concerns.
 - Following on from the two serious incidents relating to secure services, the provider implemented a new observation policy and made changes to wardrobe door locks on Wimpole ward, with the security lead for each shift holding the key. We reviewed the 60 day serious incident report relating to the patient's death. We identified considerable time delays between the incident and completion of the 60 day report, impacting on implementation of associated action plans and lessons learnt. This was confirmed by ward based staff.
- The provider held six weekly staff training sessions (TR6); the provider confirmed they used these sessions for case studies and incident reviews. Ward managers shared information with staff via email, and information folders for discussion during shift handover to bring information to the attention of staff. However, the handover folders contained a large amount of information, which was unrealistic for staff to review during shift handover time constraints.
 - Most ward managers demonstrated a clear understanding of duty of candour, and the need to ensure openness and transparency, explaining to patients where applicable when things went wrong.
 - Staff and patients confirmed receiving debriefs and support following serious incidents, however, some staff reported a need for higher levels of management support and oversight following these incidents.

Are forensic inpatient/secure wards effective? (for example, treatment is effective)

Good 

Assessment of needs and planning of care

- We examined 21 care and treatment records. Records included completion of assessments on admission, including physical healthcare examinations and examples of ongoing physical health care monitoring for patients, particularly those with long term conditions. Patients told us they accessed GP services in a timely way.
- The quality of patient care plans varied across the five wards. From the 21 records reviewed, seven care plans were not of a high standard with two lacking thorough risk formulation, 11 of the 21 were not holistic or recovery orientated. Three records did not confirm the patient had a copy of their care plan. All records contained evidence of physical healthcare examinations on admission and ongoing monitoring. Where applicable, records contained evidence of informed consent relating to treatment provision. All Mental Health Act paperwork examined was stored correctly.

Reporting incidents and learning from when things go wrong

- Most staff demonstrated awareness of how to use the provider's electronic recording system for reporting incidents.
- Ward managers said that due to staffing pressures, frequency of staff meetings varied across the secure wards. This would be the forum used along with clinical supervision for discussions relating to incidents, dissemination of information for example from investigations, and lessons learnt.

Forensic inpatient/secure wards

- Ward managers confirmed that members of the multi-disciplinary team completed pre admission assessments to ensure suitability of patients for the treatment environment. Staff collected historic risk information as part of the preadmission process.
- Patient progress notes, risk assessments and care plans were on an electronic recording system; however agency staff told inspectors they could not access electronic patient records relating to risk information. Staff completed seclusion records on paper forms that were uploaded onto the electronic records system once seclusion ceased.

Best practice in treatment and care

- Most staff followed the National Institute for Health and Care Excellence guidance when prescribing medication. This included regular reviews, physical health care monitoring including blood tests and electrocardiograms.
- Patient records contained recognised rating scales to assess and record severity and outcomes, for example health of the nation outcome scales and EuroQOL used to assess health, quality of life and wellbeing.
- The psychology staff delivered specialist therapies working to models including cognitive behavioural therapy, dialectical behavioural therapy, cognitive analytic therapy and schema mode therapy. Treatment programmes included art psychotherapy, substance misuse treatment, sexual risks and behaviours and treatment linked to index offences such as fire setting, violence and aggression.
- The occupational therapy staff provided vocational rehabilitation including access to voluntary and paid job roles, and support with reintegration into the local community and completion of a recognised employment certificate. The team used the model of human occupation screening tool. Patients could access education services to gain qualifications in mathematics, English and information technology.
- Patients accessed physical health care services through the onsite medical hub. The occupational therapy staff worked closely with a local company for provision of equipment and mobility aids. Medical hub staff and the multi-disciplinary teams on the wards made onward referrals for specialist assessments as required.
- Inspectors identified concerns regarding the nutrition and hydration needs of one patient requiring nasogastric feeding. The ward manager had compiled a

rota to ensure nasogastric trained staff from across the hospital site, on each shift could attend the ward to administer the patient's feed. Inspectors identified two episodes of missed feeds within a two day period. Inspectors requested for the provider to submit a safeguarding referral to the local authority, and completion of an internal investigation into these incidents. Following on from the inspection visit, the provider confirmed that external agency staff qualified to administer nasogastric feeds were visiting the ward three times a day to address this deficit and reduce pressure on existing staff.

- The provider completed joint audits with their pharmacy contractor, quality checking Mental Health Act compliance, control drug compliance, medication errors both prescribing and administration, clinic room checks, high dose antipsychotic use, and provided a medicines management report. The senior management team reviewed the report as part of their governance meetings. The provider completed regular environmental and ligature risk audits and completed further reviews following incidents. The provider had a Mental Capacity Act and consent to treatment audit scheduled for January 2018.

Skilled staff to deliver care

- All wards had a full range of mental health disciplines within their multi-disciplinary teams. These included occupational therapists, social workers and psychologists working collaboratively with the doctors and nurses on the wards.
- Some of the qualified nurses on shifts were newly qualified. Whilst they reported feeling supported, their level of skills and clinical experience was developing.
- Staff told us they received a thorough induction, and shadowing opportunities. Health care workers received training in line with the care certificate standards.
- Staff acknowledged that ward managers had an open door policy, therefore access to informal guidance and advice was available.
- When we attended the Wimpole ward shift handover, there had been a sole nurse on that night shift for the final two hours, transferred from another ward as the two planned qualified nurses had not come to work.
- Supervision rates between August and October 2017 on Orwell ward ranged between 94% and 100%, Wimpole

Forensic inpatient/secure wards

ward 78% and 100%, Clopton ward consistently 100%, Icknield ward between 60% and 87% and Ermine ward ranged between 61% and 100%. The provider's target was 85% completion.

- Staff accessed regular reflective practice sessions through the provider's TR6 programme.
- Appraisal completion rates for qualified nurses and health care workers was 100% for Orwell ward, 95% for Wimpole and Clopton wards, 86% for Ermine ward and 69% for Icknield ward. Supervision and appraisal completion for doctors and psychologists was 100%.
- Provider submitted information showed that four staff aligned to secure services were suspended or under supervision in the 12 months prior to the inspection.

Multi-disciplinary and inter-agency team work

- The wards held regular multi-disciplinary team meetings. Patients had the opportunity to raise and ask questions either face to face by attending a portion of the meeting or through a feedback system in place on the wards. Staff supported patients to complete a feedback form if they were unable to do so independently.
- Ward managers identified the challenges involved with maintaining working relationships with community mental health services with many patients placed from out of county. Patients expressed frustration in relation to the time taken for feedback on decisions to be communicated back to the ward by external organisations such as the Ministry of Justice.

Adherence to the MHA and the MHA Code of Practice

- Mental Health Act training compliance ranged between 78% for Wimpole ward and 95% for Orwell ward.
- Mental Health Act paperwork was scrutinised by the provider and scanned onto their electronic records system by the Mental Health Act administration team. T2 and T3 paperwork in relation to consent to treatment linked to patient medication records. Paperwork was in order for all the records we reviewed.
- Patient leave entitlement and outcomes was clearly documented in their records and outcomes from leave placed in progress notes. Patients used multi-disciplinary meetings and community meetings to make requests for reviews of their leave entitlement or as a forum to make suggestions in relation to activities they wanted to participate in.

- Occupational therapists worked closely with patients, designing weekly activity programmes, with leave entitlement factored into the plans. Where a patient did not have grounds leave or authorisation to go out of the hospital building, staff tailored programmes to maximise involvement in meaningful activity on the wards.
- Ward managers accessed a data base which generated reminders for staff to ensure that patients had their rights under the Mental Health Act explained to them, and reviewed regularly; the system also indicated when review meetings were due; to prompt staff to complete reports. Patients told us they had their rights under the Mental Health Act explained to them on a monthly basis.
- Patients had access to advocacy and independent mental health advocates based on the hospital site for support with complaints and tribunals. Information leaflets on services including advocacy were on display in ward areas.
- The provider was unable to demonstrate evidence of regular Mental Health Act audit completion in relation to seclusion paperwork; this was not in line with the provider's seclusion policy.
- Reductions in blanket restrictions were in place where assessed to be clinically appropriate. For example on Clopton, Icknield and Orwell wards, patients used china cups, and the dining room door was unlocked during meal times. Where reduction in restrictive practices was feasible to improve quality of life for the patients, such as having increased access to their bedrooms, staff had implemented plans to achieve this.

Good practice in applying the MCA

- Mental Capacity Act training compliance ranged between 67% for Wimpole ward and 94% for Clopton ward.
- From September 2016 to August 2017 there were no Deprivation of Liberty Safeguards applications or authorisations for the five secure wards. All of patients on the secure wards were detained under the Mental Health Act at the time of the inspection.
- Patient medication records contained T2 and T3 paperwork in relation to consent to treatment.

Are forensic inpatient/secure wards caring?

Forensic inpatient/secure wards

Requires improvement 

Kindness, dignity, respect and support

- Inspectors identified some examples of punitive approaches. For example, patients perceived ‘bad behaviour’ to link to loss of leave and other privileges. Inspectors observed similar language use by staff, particularly on Wimpole ward.
- We interviewed two carers or family members for patients receiving treatment on the secure wards. One carer or family member reported to have overheard staff talking about the treatment needs of other patients. Both carer or family members were aware of the provider’s complaints process.
- Some patients on secure wards said they felt unsafe and said there was a bullying culture between patients
- We observed staff interaction with patients, and found that most staff treated patients with dignity, care and respect and were familiar with each patient’s care and support needs and preferences.
- Some patients gave examples of where staff had gone above and beyond to offer the patients support, for example staff taking patients to activities on their days off, or staying after their shift ended to facilitate family visits.

The involvement of people in the care they receive

- Weekly community meetings offered patients the opportunity to give feedback on the service. However, the quality of meeting minutes varied across the secure wards. Staff recorded minutes at the weekly community meetings. Staff reported to review minutes at the next meeting to ensure completion of agreed actions. Inspectors examined community meeting minutes across the secure wards. Forms were often incomplete, did not list agreed actions or allocate staff to complete tasks. It was therefore unclear how the wards captured a true reflection of the points agreed and discussed each week.
- On admission, patients had an allocated buddy, which aided familiarity and orientation with the ward environment.

- There was a staff photograph board located on each ward and pictures of the senior management team in each ward secure reception area to aid recognition and assist patients with getting to know core staff.
- Most patient records examined demonstrated patient involvement in the development of personalised care plans.
- Patients told us frequency of meetings with their named nurse to review their care plans and contribute to their treatment programmes varied. Patients cited staffing levels and incidents on the wards as the main cancellation reasons.
- Patients accessed advocacy services by telephone and staff referred patients for ward based support with aspects of their care including Mental Health Act tribunals and making complaints.

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

Good 

Access and discharge

- Provider submitted data showed us that the average bed occupancy from March to September 2017 was 98% for Clopton ward, 96% for Ermine ward. The provider did not provide accurate figures for Icknield, Wimpole and Orwell wards.
- In the 12 months prior to the inspection Ermine, Orwell and Wimpole wards had each had one delayed discharge. The main reasons for increased lengths of stay related to securing funding and a lack of availability of suitable alternative placements or support packages, particularly for patients with index offences linked to their admission. Average length of patient stay ranged between 44 months for Icknield ward and 20 months for Ermine ward.
- Patients were admitted from anywhere in the country, by NHS England jointly with their home based community teams.
- Beds were available when patients returned from planned leave.

Forensic inpatient/secure wards

- Staff discussed admission and discharge arrangements as part of regular formulation meetings, care programme approach meetings, community treatment reviews and risk management meetings.
- If a patient's condition or presentation deteriorated, staff arranged gatekeeping assessments to facilitate ward transfers within the hospital or to alternative care settings.
- Staff gave discharge reports and handovers to community teams and alternative placements as part of the planning and discharge process. Social care teams and probation services were involved and attended meetings where applicable, and liaised with the multi-disciplinary team.

The facilities promote recovery, comfort, dignity and confidentiality

- Secure wards had designated activity rooms and clinic rooms for medication storage. Patients had single bedrooms and access to shared bathrooms. Some bathrooms were due for refurbishment as in a tired condition. One quiet lounge on Icknield ward smelt very unpleasant, inspectors sourced assurances the provider was planning to remove the carpet and complete a deep clean. Three bathrooms on Icknield ward were out of use either due to issues with the water temperature, maintenance issues or due to containing items for storage. Alternative arrangements were in place whilst these were being repaired.
- Patient areas contained artwork and pictures, and patients could personalise their own bedrooms.
- The provider had designated family rooms off the wards to facilitate child visits. Patients could access private rooms to meet with visiting professionals for example solicitors. Staff co-ordinated visits and implemented risk assessments to ensure the safety of patients and visitors.
- Each patient had access to a lockable cupboard to secure items. Staff stored contraband items and items identified as high risk to individual patients in locked cupboards, accessible by designated key holders. Inspectors identified a number of risk items such as board games and jigsaw puzzles stored on the top of cupboards in the communal lounge on Wimpole ward. Staff were unable to account for the content of each box due to the number of pieces contained. Patients could

have consumed these items or used them to self-harm. Inspectors escalated their concerns to the ward manager and senior management team to address immediately.

- Patients attended regular activity planning and community meetings with the opportunity to plan group and one to one activities during the week and at weekends.
- Patients accessed cold drinks 24 hours a day, with timed access to hot drinks. On Clopton ward, patients accessed a toaster each morning to make their own breakfast.
- We received mixed feedback from patients regarding food quality. Negative feedback related to a perceived lack of food choices and a wish to have more unhealthy options such as take away food. Some patients reported the food to be cold and unappetising.
- Each ward accessed enclosed courtyards for recreational activities and fresh air breaks. Patients could access enclosed, outdoor space while in seclusion. To reduce restricted practices on Orwell ward, patients had free access to the enclosed courtyard during the day; this area was also accessible from the seclusion room. The ward manager confirmed plans for installation of a partition fence to maintain patient safety when accessing the courtyard from the seclusion room.
- Patients had access to ward based telephones to make private calls. Staff supervised telephone access on Wimpole ward due to the exposed telephone cable posing a potential risk. Some patients were risk assessed to have their own mobile telephones; these were basic model phones that could not take photographs. Patients had risk assessed computer access. All patients had individual risk assessments and entered into an agreement with the provider around adhering to the terms and conditions associated with having access to technology.

Meeting the needs of all people who use the service

- Bedrooms for Icknield, Orwell and Ermine wards were on the first floor with no lift in situ. Staff considered patient's physical health needs before accepting new referrals to meet assessed needs within the hospital environment. Occupational therapists accessed equipment for example to enable patients to shower while seated.

Forensic inpatient/secure wards

- Staff accessed translated information leaflets and could produce paperwork such as care plans in large print and pictorial format. Wards displayed information posters explaining patient's rights under the Mental Health Act and how to make complaints. Staff told us they accessed interpreter services, however, inspectors identified an example in a patient's record for Orwell ward, where they declined involvement in the care planning process, but their records indicated the need for an interpreter. The patient's record did not contain evidence of an interpreter request.
- Patients accessed diets for health or religious needs. Staff supported patients to consider healthy eating options and weight management.
- Staff supported patients to access spiritual support, with designated multi-faith rooms available.
- The provider did not have allocated role of equality and diversity leads for staff and patients to access. Staff and patients cited examples of racism, bullying and inequality of treatment. Inspectors brought this matter to the attention of the provider.
- Ward managers and the senior management team reviewed all complaints, gave feedback and discussed lessons learnt with staff in supervision and as part of the TR6 programme. Where complaints raised safeguarding concerns, the provider submitted an alert to the local authority safeguarding team and shared this information with the CQC. Inspectors identified examples of changes in practice and procedure implemented to mitigate the risk of reoccurrence based on findings from complaint investigations.
- Data provided prior to the inspection confirmed Clopton ward received two compliments between September 2016 and August 2017. We saw thank you cards and examples of positive feedback on the other secure wards visited.

Are forensic inpatient/secure wards well-led?

Requires improvement 

Listening to and learning from concerns and complaints

- Between September 2016 and May 2017 secure wards received 29 complaints. Five were upheld, 11 partially upheld and 13 not upheld. Wimpole ward submitted 14 complaints, Clopton ward six, Orwell and Ermine wards both had four complaints and Icknield had one. Themes from complaints included staff attitudes and behaviours, leave arrangements, experiences of restraint and seclusion, the smoking ban, confidentiality breaches and allegations of night staff falling asleep.
- Inspectors received mixed feedback from patients regarding the handling of their complaints. Some patients raised concerns relating to fear of reprisals in relation to their care and safety on the ward. Other patients reported to have made complaints and be satisfied with the handling of these. Some patients made suggestions for improvements to the complaints process. Patient representatives for the wards attended governance meetings; this offered a forum for sharing suggestions for improvement.
- Patients were aware of how to make a complaint, with information leaflets and posters in ward areas including easy read and pictorial formats. Patients were encouraged to participate in the community meetings as a forum to raise concerns and share views.

Vision and values

- Most staff knew and demonstrated the provider's vision and values in their treatment practices and approach to patients, 'putting people first, being a family, acting with integrity, striving for excellence and being positive.'
- Staff knew the most senior managers in the organisation, and spoke positively about the support received particularly from the hospital director.
- Staff and patients confirmed the senior management team visited wards regularly, with many members of the senior management team maintaining a clinical role within the hospital.

Good governance

- We reviewed the last three months staffing rosters and shift planners, staffing numbers per shift on the whole were achieved, however, we identified shift planners listed occasions where the nurse in charge did not appear to take their full break entitlement. Planners indicated times where wards had one nurse at the start or end of a shift as the second nurse took the first or last break slots. On Icknield and Wimpole wards, the shift planners recorded three staff on breaks during shifts; managers told inspectors the agreed, maximum number of staff on a break at one time was two staff.

Forensic inpatient/secure wards

- Due to staffing pressures, frequency of staff meetings varied across the secure wards. Staff meetings offered staff additional support and assisted with developing stronger working relationships within teams, particularly for those with low core staff numbers and high use of agency staff.
- Staff received mandatory training through face to face sessions and e-learning programmes. Prior to the inspection, the provider was unable to submit training data due to a change in recording system. The provider's governance team had worked hard to ensure this data was accessible during the inspection visit.
- Ward managers held a record of training data for their staff, and received a reminder when training was due for renewal. This assisted ward managers to monitor staff competency and performance.
- Most staff received regular clinical and managerial supervision and appraisals. The TR6 programme offered staff the opportunity to complete reflective practice, and a forum for sharing lessons learnt from incidents and complaints.
- Each ward had a level of administration cover. Administrators supported front line staff with tasks such as scanning documents onto the electronic recording system, therefore enabling them to spend more time with patients.
- Staff demonstrated good knowledge and awareness of safeguarding practices and procedures with shared ownership of the referral process with the multi-disciplinary team.
- Ward managers accessed performance indicator dashboards linked to the electronic patient records system. However, ward managers did not consistently share information relating to the performance of the ward with the staff team.
- The provider held a hospital wide risk register, this was reviewed and updated regularly.
- The provider shared feedback from their most recent hospital wide staff survey. Positive feedback included 'a non-blame culture in place from ward to board, visible senior management who are keen to embrace change, strong culture of lessons learnt.' The survey identified areas of improvement including, 'a new senior management team with changes to policies and procedures, staff vacancies across the hospital site and associated pressures, compliance pressure felt to impact on ease of completing their job, environmental issues associated with old buildings.'
- Secure staff sickness rates ranged between two and four percent for the six months prior to the inspection. Ward managers demonstrated awareness of the procedures in place to support staff returning to work, and acknowledged the importance of working collaboratively with HR and the occupational health department.
- Staff told us they knew how to implement the provider's whistleblowing process, and there was a confidential hotline staff could access. Ward managers did not report to have any bullying and harassment or whistleblowing cases under investigation at the time of the inspection.
- Ward managers identified that staff morale on Wimpole ward was low, but improving.
- Wimpole ward reported the highest turnover of staff with nine staff leaving; Ermine ward had the lowest turnover with two staff leaving in the 12 months prior to the inspection.
- Staff recognised the value of strong working relationships with their colleagues and the importance of team work. Most staff respected ward managers and confirmed there was an open door policy for accessing support.
- Ward managers demonstrated a clear understanding of duty of candour, and the need to ensure openness and transparency, explaining to patients where applicable when things went wrong.

Leadership, morale and staff engagement






- We identified areas of clinical practice, where greater management oversight and leadership was required. For example, ward security, staff breaks, infection control practice, the quality of community meeting minutes and the robustness of shift handovers.

Commitment to quality improvement and innovation

- Secure services participated in the external Royal College of Psychiatrists' quality network accreditation for forensic mental health services. The provider had an action plan to address any identified concerns from this accreditation process.

Long stay/rehabilitation mental health wards for working age adults

Good 

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

Are long stay/rehabilitation mental health wards for working-age adults safe?

Good 

Safe and clean environment

- The layout of wards included blind spots and poor lines of sight where staff could not observe patients. Nightingale, Wortham and Swift wards had installed mirrors to mitigate this and improve staff observation of patients.
- All wards had ligature risk points (fittings to which a person might tie something to harm themselves with). Nightingale ward had replaced all fittings in patient bedrooms and bathrooms with anti-ligature fittings. All wards had ligature risk assessments completed which included each ligature point and actions taken to reduce the risk. The risk assessments were long documents and for staff unfamiliar with the ward to see an overview of where high-risk areas were.
- The wards were all single-sex accommodation and so complied with Department of Health guidance for eliminating mixed sex accommodation.
- Clinic rooms on all wards were fully equipped with accessible emergency equipment and records showed that staff checked equipment was in working order regularly. The clinic room on Wortham ward was small and cramped, however all clinic rooms had a couch for physical examinations.
- The seclusion room on Nightingale ward had been decommissioned since the last inspection, and there were no seclusion rooms on any of the rehabilitation

wards. There had been one incident where a patient required seclusion and staff had managed this by moving the patient to a different ward with a seclusion room.

- Wards were clean and well maintained. Cleanliness had improved particularly on Wortham Ward since the previous inspection. Patients were expected to keep their bedrooms clean and tidy with support from staff. Managers had implemented checks to ensure cleanliness was at a required standard.
- Housekeeping staff cleaned the wards on a daily basis and cleaning records were up to date.
- We observed staff adhering to infection control principles including washing their hands and the use of hand gel. Wortham ward was instigating a deep clean following an outbreak of a contagious illness. However, only 63% of staff across the wards had completed infection control mandatory training.
- Staff carried personal alarms at all times to call for assistance if required.

Safe staffing

- The provider had set the number and mix of staff on the wards based on patient need. Rotas we checked showed that the number of staff on shift matched the estimated number required.
- Managers for all wards told us that where possible they offered overtime to existing staff to cover sickness and leave absences. Where agency staff were used to cover absences, managers tried to use block booking for agency staff so that they would use staff that were familiar with the ward and patient group. The Bungalows reported the highest use of agency staff with

Long stay/rehabilitation mental health wards for working age adults

Good 

100 shifts covered between July and November 2017, Nightingale ward reported 96 shifts, Wortham ward reported 83 shifts and Fairview ward reported 46 shifts covered by agency staff.

- Managers for all wards were able to adjust staffing levels according to the needs of patients and could book agency staff if required.
- Each ward had at least one qualified nurse on shift at all times during the day, with the exception of bungalows 63, 65 and 67 which shared two nurses between the three wards in line with the reduced risk of patients on open rehabilitation wards. Swift ward did not have a qualified nurse on shift at night but the support worker could call a nurse from other wards if required.
- Staffing levels ensured that patients had 1:1 time with their named nurse regularly.
- Managers took planned activities and escorted leave into account when setting staffing levels for the day so that leave and activities were rarely cancelled.
- The wards all had a consultant in post, sometimes shared with other wards and staff reported that patients had good medical cover. Consultants delivered an out of hours service on rota and were based on the hospital site so that they could attend quickly at night. The provider was in the process of recruiting junior doctors to support the consultants.
- The provider had held 17 mandatory training sessions with 81% of staff across rehabilitation wards having completed all sessions. Six mandatory sessions had less than 75% staff completion rate including 'fire safety', 'infection control' and 'confidentiality and data protection'. The provider had introduced a new training schedule in July 2017 with additional mandatory training and had a plan for staff to be trained in all sessions within the coming months.

Assessing and managing risk to patients and staff

- Nightingale ward reported eight instances of restraint involving six patients over the past nine months. One incident involved a patient needing to be secluded and was moved ward to facilitate this. Wortham ward reported two incidents of restraint, neither of which required seclusion. Swift, Fairview and the bungalows did not report any incidents of restraint or seclusion.
- Staff told us that not having a seclusion room had increased their skills in de-escalation and managing behaviours that may challenge.

- We looked at 26 patient care records and found that 23 of these had a detailed risk assessment and risk management plan. Staff updated risk assessments following any incident or change in risk level.
- The provider used the Historical Clinical Risk Management tool (HCR-20) for patients with an assessed risk of violence, and the Short Term Assessment of Risk and Treatability for patients without an assessed risk of violence.
- None of the wards had any blanket restrictions in place and staff showed a good commitment to least restrictive practice with evidence of positive risk taking in patient care records and in individual risk assessments.
- Rehabilitation wards had policies on observation and searching that were appropriate with the level of risk. Nightingale and Wortham wards had identified incidents of previous illicit substance use by patients and had responded by searching all patients who tested positive for substances and escorting all leave until they tested negative. Patients without an assessed risk of illicit substance use were searched and drug tested on a random basis.
- The provider reported that 74% of staff across rehabilitation wards had up to date training in the prevention and management of violence and aggression. Staff told us that this was due to a transition in training and we observed staff de-escalating and managing behaviour that may challenge appropriately.
- Ninety-seven per cent of staff were trained in safeguarding vulnerable adults and ninety-five per cent were trained in safeguarding children. Staff spoken with were all aware of how and when to make a safeguarding referral. The rehabilitation wards had a social worker who could advise on safeguarding issues, and who was a trainer in safeguarding and 'prevent' training.
- The provider had contracted an independent pharmacy who audited medicines management including reconciliation and error reporting.

Track record on safety

- Wortham ward had one serious incident in the past year that resulted in the death of a patient. This incident had been reported to the Care Quality Commission. A full independent investigation had been carried out by the provider.
- We reviewed the 60 day serious incident report relating to the patient's death. We identified considerable time

Long stay/rehabilitation mental health wards for working age adults

Good 

delays between the incident and completion of the 60 day report, impacting on implementation of associated action plans and lessons learnt. This was confirmed by ward based staff.

- The provider had reviewed its policies because of the incident and had amended the substance misuse strategy, including introducing more random urine drug tests and ordering new testing kits for additional substances.

Reporting incidents and learning from when things go wrong

- The provider used an electronic incident reporting system and the senior management team reviewed all incidents to determine action required.
- Staff we spoke with were all aware of what incidents to report and how to report them.
- Fairview ward reported higher incidents of deliberate self-harm with 59 incidents since January 2017, with 52 being low or no harm occurring as a result. Nightingale ward reported the highest incidents of verbal and physical aggression, with 65 incidents of verbal and 41 incidents of physical aggression, although only five of these were moderate to high harm.
- Staff spoken with were all aware of the duty of candour and could give examples of times when they explained to patients when things had gone wrong.
- Senior managers reviewed all incidents at the morning meeting to determine any actions required and lessons learnt from incidents. Senior managers then fed back to ward managers, who shared feedback with ward staff at handover meetings and staff team meetings.
- The provider produced a monthly 'lessons learnt' bulletin which was circulated to all staff and discussed as part of the reflective practice sessions that staff attended every eight weeks.
- Ward managers held staff debrief sessions following incidents to support staff.

Are long stay/rehabilitation mental health wards for working-age adults effective?

(for example, treatment is effective)

Good 

Assessment of needs and planning of care

- We reviewed 26 patient care records and found they all had a comprehensive assessment completed prior to and following admission.
- Care and treatment records showed that staff monitored patients' physical health throughout their stay and that patient's healthcare needs were fully met, including access to dentistry, chiropody and optician services.
- From the 26 records reviewed we found that all of them had comprehensive and personalised care plans. Care plans were recovery focussed and demonstrated the least restrictive practice and positive risk-taking ethos of rehabilitation wards.
- Patient care records were stored on an electronic system so that all staff had access to them, although we found some capacity assessments had not been scanned into the electronic system.

Best practice in treatment and care

- We reviewed 43 patient medication records and found that staff were following National Institute for Health and Care Excellence guidelines when prescribing medication. However, we found an occurrence on Swift ward where a patient was prescribed medication over the recommended dose.
- The provider employed a psychologist and two part time assistant psychologists who delivered therapies recommended by the National Institute for Health and Care Excellence across rehabilitation wards. Therapies included substance misuse work, schema work and emotional management.
- The provider employed two physical health nurses and two physical health support workers who conducted physical health checks and liaised with the GP who visited on a weekly basis. We saw evidence of access to dental, optician and chiropody services in patient care records.

Long stay/rehabilitation mental health wards for working age adults

Good 

- The provider used the health of the nation outcome scores to assess and record outcomes for patients.
- The pharmacy supplier conducted clinical audits of clinic rooms, medication errors, high dose antipsychotic medicines management and controlled drug compliance.

Skilled staff to deliver care

- The provider employed a full range of disciplines including psychologists, social workers and occupational therapists. However, caseloads were high for staff across the rehabilitation wards.
- Staff across the wards were experienced and qualified to the appropriate level.
- The provider offered an induction package for new staff consisting of classroom and online learning, and a ward based induction to familiarise new staff.
- The provider policy was for staff to receive individual supervision every eight weeks and group reflective practice sessions every eight weeks. Records we checked showed that 87% of staff were receiving supervision in line with policy over the past three months, exceeding the provider target of 85%.
- The provider reported 76% of non-medical staff had received an annual appraisal in the past year. Nightingale and Wortham wards were lower than the provider average at 63% although this was partly due to new staff joining who had not yet reached their appraisal date. We saw that appraisals were booked for those staff that had yet to complete them.
- Staff received the necessary training for their role including 'prevention and management of violence and aggression', 'Mental Health Act' and 'Mental Capacity Act' training.
- Managers addressed staff poor performance within supervision.

Multi-disciplinary and inter-agency team work

- The wards held weekly multi-disciplinary meetings with the consultant psychiatrist, ward manager, nursing staff, psychologist, social worker and occupational therapist in attendance.
- The wards held handover meetings at the start of day and night shifts. These included details of patient presentation and risk levels from the previous shift.

- Staff across the wards reported working well together, providing staffing cover for each other when needed and joint assessments of patients to determine which ward would best suit their needs.
- Staff reported good working relationships with external agencies including care co-ordinators who were invited to care plan reviews, local authority social services and independent advocacy services.

Adherence to the MHA and the MHA Code of Practice

- The provider employed a Mental Health Act administrator who examined Mental Health Act paperwork on admission and conducted audits to ensure the Mental Health Act was being applied correctly.
- Staff were all aware of how to contact the Mental Health Act administrator if they needed guidance.
- Staff logged all Section 17 leave granted and taken using the electronic patient record system. We saw that all leave episodes were logged, including patient clothing and a plan for if patients did not return on time from leave.
- The provider provided figures showing that 88% of staff on rehabilitation wards had completed Mental Health Act training.
- Staff we spoke with all had a good understanding of the Mental Health Act and its guiding principles.
- We reviewed 43 medication records and found that they all had consent to treatment forms attached.
- Staff reminded patients of their rights under the Mental Health Act regularly and documented this on patient care records. We saw evidence of staff supporting patients with access to Mental Health Act tribunals and appeals.
- Detention paperwork we reviewed had been filled in correctly, was up to date and stored on the electronic patient record system.
- The provider contracted an independent Mental Health advocacy service that was advertised on all wards we visited and patients were aware of the service.

Good practice in applying the MCA

- Figures provided by the provider showed that 88% of staff had completed Mental Capacity Act training.
- Staff spoken with had a good understanding of the Mental Capacity Act and its guiding principles.
- The rehabilitation wards did not have any Deprivation of Liberty and Safeguards applications over the past year.

Long stay/rehabilitation mental health wards for working age adults

Good 

- From the 26 care and treatment records examined, we did not find evidence of any decision specific capacity assessments.
- We found evidence of a patient with current capacity who had made advance decisions if they lacked capacity in the future.

Are long stay/rehabilitation mental health wards for working-age adults caring?

Good 

Kindness, dignity, respect and support

- We observed staff on all wards interacting with patients in a respectful and supportive way.
- Patients spoken with told us that they generally felt safe on the wards and that staff were caring and approachable. Some patients told us that they felt staff were overstretched and occasionally cancelled activities due to staffing. Some patients on Fairview ward reported that staff fell asleep whilst on night duty and that this had not been addressed by the provider. Patients had not reported this as a complaint.
- Staff spoken with demonstrated a good understanding of patients' needs and recovery focussed care. Care records showed a holistic view that took all patient needs into account.

The involvement of people in the care they receive

- The wards had a 'buddy system' where new patients on the ward were allocated peer support to help orient them on to the ward on admission.
- We reviewed 26 patient records and saw evidence of patient involvement in all care plans we looked at. Staff assisted patients to complete a document that included their goals, strengths and how they liked staff to support them.
- The provider conducted an annual patient satisfaction to gain feedback from patients. The results of this were not available at the time of inspection.
- The provider had a service user council made up of representatives from each ward who then attended a monthly meeting with the multi-disciplinary team and a

- member of the senior management team. We spoke to the patient representative from Wortham ward who said that issues raised on behalf of the patient group were listened to and the provider took action where possible.
- We saw evidence of advance decisions in place for patients who may not have capacity in the future to make decisions regarding their care.

Are long stay/rehabilitation mental health wards for working-age adults responsive to people's needs? (for example, to feedback?)

Good 

Access and discharge

- The provider reported the average bed occupancy was 87% for the bungalow wards and 86% for Fairview ward. The provider did not provide figures for Swift, Wortham or Nightingale wards.
- The provider reported that the average length of stay across rehabilitation wards was 398 days.
- The provider had a national catchment area so did not have any out of area placements.
- Staff were able to move patients to a secure, acute or psychiatric intensive care unit ward if their health deteriorated, and we saw an instance of this happening on Nightingale ward.
- Patients were not moved between wards unless their needs changed or they were moving on to a lower secure ward as part of the rehabilitation pathway. For example, we saw care records where patients had moved from the locked rehabilitation wards to the open Bungalow wards.
- Discharge planning commenced at the point of admission on to rehabilitation wards and the focus of care was recovery and leaving hospital.
- The provider did not report any delayed discharges over the past year.

The facilities promote recovery, comfort, dignity and confidentiality

- The wards all had sufficient rooms to deliver activities.
- The wards had payphones in privacy booths for patients to make telephone calls without being overheard.

Long stay/rehabilitation mental health wards for working age adults

Good 

- Patients on rehabilitation wards had access to the hospital grounds either escorted by staff or unescorted. We saw that patients had access to outside space when they requested it.
- Patients we spoke with told us the quality and choice of food provided was good. Patients on Wortham ward and the Bungalow wards had access to a patient kitchen where they could prepare and cook their own food.
- Patients on all wards could make their own hot or cold drinks, and fruit was available for snacks in the kitchen or dining rooms.
- Patients were able to personalise their bedrooms, with a board provided to display personal pictures.
- The wards ran activities including games and discussion groups each day including at weekends. Patients also had access to the sports hall, library and café at the hospital.
- Patients were able to access community services and regularly attended escorted trips out into the community as well as unescorted visits to local shops and the gym.
- The provider had an education and vocational training centre where patients could learn skills such as do-it-yourself skills, animal care and music.
- Complaints about the rehabilitation wards were mainly in relation to staff conduct and the provider had attempted to improve staff and patient relationships through professional development programmes in communication and boundary setting.
- Patients spoken with knew how to complain and told us that they had used the complaints system. Patients mainly felt that staff had listened to their complaints and had taken action as a result.
- The provider had a complaints policy that included sending an update letter to anyone making a complaint whilst the investigation was being completed.
- Nightingale ward received two compliments over the past year.

Are long stay/rehabilitation mental health wards for working-age adults well-led?

Good 

Meeting the needs of all people who use the service

- The bungalow wards had disabled access for patients using a wheelchair; however, the other wards had bedrooms on the first floor and so were not accessible for patients with reduced mobility.
- Information leaflets were displayed on all wards, these included information on local services, advocacy services and hospital activities.
- Patients had a choice of food for each meal including vegetarian and healthy eating options. The wards catered for patients with religious dietary requirements.
- Patients could access spiritual support in the community using escorted or unescorted leave, and the chaplain delivered a service at the hospital once a week.

Listening to and learning from concerns and complaints

- Nightingale ward received three complaints in the past year. Swift, Wortham wards and Bungalow 63 received one complaint each over the past year. One complaint was fully upheld, two were partially upheld and three were not upheld with none being referred to the Ombudsman.

Vision and values

- Staff spoken to were aware of the provider's vision and values of 'putting people first', 'being a family', 'acting with integrity', 'striving for excellence' and 'being positive'. Observations of staff interactions with patients showed staff demonstrating these values and this was evident in care records and through patient feedback.
- The ward managers demonstrated a strong recovery focussed approach for patients and were actively encouraging this ethos in all ward staff. The recovery focus was shown through a commitment to least restrictive practice and positive risk taking.
- Senior managers conducted a walk round on all wards on a weekly basis and also attended monthly ward management meetings, so staff knew who senior managers were and had the opportunity to raise issues with them.

Good governance

- The provider had introduced an electronic dashboard that enabled ward managers to see an overview of staff training, appraisal and supervision for their ward staff.

Long stay/rehabilitation mental health wards for working age adults

Good 

- Ward managers reviewed staffing levels and requirements daily for the following day and managers reported that they could book additional staff on overtime, bank or agency when required.
- Ward managers had sufficient authority and all had administration support.
- Staff were able to submit items to the risk register through the monthly ward management meetings which a member of the senior management team attended.

Leadership, morale and staff engagement

- The provider reported low levels of staff sickness, with 1% sickness across Swift, Fairview and the Bungalow wards; 1% on Nightingale ward and 2% on Wortham ward over the nine months prior to the inspection.
- The provider did not report any bullying or harassment cases over the past year on rehabilitation wards.
- Staff spoken with were aware of the whistleblowing process and how to use it.
- Staff spoken with felt able to raise concerns without fear of victimisation. However, we spoke to several staff who

had been the victim of racial abuse by patients that had not been addressed by the provider. The provider did not have an equality and diversity lead and there was no guidance within the equality and diversity policy on staff receiving abuse relating to race, gender or any other protected characteristics, nor was there any support system for staff who received abuse.

- Staff told us that their levels of morale were good, that they were busy and worked hard but felt high levels of job satisfaction.
- Staff on all the wards spoke highly of the ward managers and felt supported by them. Staff told us that they worked well as a team and helped each other.
- We spoke with healthcare support workers who were training to be qualified nurses and saw that there were opportunities for development.
- Staff were trained in the duty of candour and were open and honest with patients if something went wrong.
- Staff told us they felt they had the opportunity to give feedback on services and that they could raise ideas and concerns with ward managers.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **MUST** take to improve

- The provider must make the ligature risk audit information accessible for staff to ensure this information can be linked to patient's individual risk assessments and care plans.
- The provider must complete the planned works to address blind spots, poor lines of sight and environmental refurbishment on all wards including bedroom furniture.
- The provider must address the environmental and ligature risks identified in the seclusion rooms.
- The provider must review their medication management procedures, error escalation and monitoring processes, the monitoring of out of date stock and storage of emergency medicines.
- The provider must ensure that all staff adhere to infection prevention control procedures, and the provider's dress code.
- The provider must ensure all cleaning products are stored securely and accounted for.
- The provider must ensure all ward security checks are completed, prevent contraband items entering ward environments and secure reception areas.
- The provider must ensure all risk items such as jigsaw puzzles are appropriately stored on wards.
- The provider must ensure adequate management oversight and auditing of staff breaks.
- The provider must improve the quality and recording of shift handovers, with detailed information pertaining to patient observation levels and risk presentation discussed. Where staff are not present for the shift handover meeting, the provider must ensure all information is shared with that staff member before they enter the ward environment.
- The provider must ensure seclusion practices are in line with the Mental Health Act Code of Practice and regular audits of paperwork and adherence to practice are completed.

- The provider must ensure national early warning score charts are held with the assessment paperwork to enable staff to interpret scores and take timely action when required.
- The provider must develop a formalised procedure for patients requiring nasogastric feeding with a clear recording and escalation process to prevent feeds being missed.
- The provider must ensure staff complete mandatory training.
- The provider must ensure that all patient's care plans are reviewed and updated regularly.
- The provider must ensure all agency staff can access all information required to complete their role safely, including patient risk assessments and care plans.
- The provider must ensure all staff complete regular clinical supervision.
- The provider must ensure that all staff do not use punitive approaches or terminology with patients.
- The provider must ensure communication systems with carers and family members are reviewed.
- The provider must ensure that the equality and diversity needs of patients and staff are supported as required.
- The provider must ensure that all mirrors on wards do not have sharp edges or corners to prevent injury or use for self-harm.

Action the provider **SHOULD** take to improve

- The provider should continue to reduce use of restraint where feasible to do so.
- The provider should improve the quality of community meeting minutes.
- The provider should ensure that activities are available at weekend for patients detained on the ward.
- The provider should ensure full serious incident investigations are completed with outcomes implemented into practice in a timely manner.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity

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

Diagnostic and screening procedures

Treatment of disease, disorder or injury

Regulation

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

Person-centred care:

- The provider had not improved the quality of some patient's care plans.
- The provider had not ensured that all staff did not use punitive approaches or terminology with patients.
- The provider had not improved communication systems with all carers and family members.

This was a breach of Regulation 9.

Regulated activity

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

Diagnostic and screening procedures

Treatment of disease, disorder or injury

Regulation

Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect

Dignity and respect:

- The provider had not ensured that the equality and diversity needs of patients and staff were supported as required.

This was a breach of Regulation 10.

Regulated activity

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

Diagnostic and screening procedures

Treatment of disease, disorder or injury

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

Safe care and treatment:

Requirement notices

- The provider had not made the ligature risk audit information accessible for staff to ensure this information could be linked to patient's individual risk assessments and care plans.
- The provider had not completed all planned works to address blind spots, poor lines of sight or completed environmental refurbishment to all wards including bedroom furniture.
- The provider had not addressed the environmental and ligature risks identified in the seclusion rooms.
- The provider had not reviewed their medication management procedures, error escalation and monitoring processes, for monitoring of out of date stock and storage of emergency medicines.
- The provider had not ensured that all staff adhered to infection prevention control procedures, and the provider's dress code.
- The provider had not ensured that all cleaning products were stored securely and accounted for.
- The provider had not ensured all ward security checks were completed, and prevented contraband items entering ward environments and secure receptions.
- The provider had not ensured all risk items such as jigsaw puzzles were appropriately stored on wards.
- The provider had not improved the quality and recording of shift handovers, or detailed information pertaining to patient observation levels and risk presentation discussed. Where staff were not present for the shift handover meeting, the provider had not ensured all information was shared with that staff member before they enter the ward environment.
- The provider had not ensured seclusion practices were in line with the Mental Health Act Code of Practice and regular audits of paperwork and adherence to practice were completed.
- The provider had not ensured national early warning score charts were held with the assessment paperwork to enable staff to interpret scores and take timely action when required.

This section is primarily information for the provider

Requirement notices

- The provider had not developed a formalised procedure for patients requiring nasogastric feeding with a clear recording and escalation process to prevent feeds being missed.
- The provider had not ensured that all mirrors on wards did not have sharp edges or corners to prevent injury or use to self-harm.

This was a breach of Regulation 12.

Regulated activity

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

Diagnostic and screening procedures

Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Good governance:

- The provider had not ensured that all agency staff could access all of the information required to complete their role safely, including patient risk assessments and care plans.
- The provider had not improved management oversight and auditing of staff breaks.

This was a breach of Regulation 17.

Regulated activity

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

Diagnostic and screening procedures

Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

Staffing:

- The provider had not ensured that staff completed mandatory training.
- The provider had not ensured that staff completed regular clinical supervision.

This is a breach of Regulation 18.