

Good 

Avon and Wiltshire Mental Health Partnership NHS  
Trust

# Forensic inpatient/secure wards

## Quality Report

Head Office, Jenner House, Langley Park  
Chippenham, Wiltshire, SN15 1GG  
Tel: 0117 378 4441  
Website: [www.awp.nhs.uk](http://www.awp.nhs.uk)

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### Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/unit/team)	Postcode of service (ward/unit/team)
RVN3Q	Blackberry Hill Hospital	Fromeside Medium Secure Unit	BS16 2EW
RVN3Q	Blackberry Hill Hospital	Wickham Low Secure Unit	BS16 2EW

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

Our judgement is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from people who use services, the public and other organisations.

Where applicable, we have reported on each core service provided by Avon and Wiltshire Mental Health Partnership NHS Trust and these are brought together to inform our overall judgement of Avon and Wiltshire Mental Health Partnership NHS Trust.

# Summary of findings

## Ratings

We are introducing ratings as an important element of our new approach to inspection and regulation. Our ratings will always be based on a combination of what we find at inspection, what people tell us, our Intelligent Monitoring data and local information from the provider and other organisations. We will award them on a four-point scale: outstanding; good; requires improvement; or inadequate.

### Overall rating for the service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

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

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

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

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

# Summary of findings

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# Summary of findings

## Overall summary

### **We rated forensic inpatient/secure wards as good because:**

- We noted significant improvements across both the medium and low secure units at this inspection. On entering the units, particularly Fromeside, there was a different atmosphere. Staff were visibly more relaxed and confident. We found issues we had raised previously had been comprehensively addressed and a considerable amount of quality improvement had taken place, with more planned.
- There were safe systems of work in place with good environmental security and good individual patient risk assessments. The introduction of 'Safer' staffing levels had reduced the usage of agency staff and improved relational security by using staff who knew patients. All wards had a very low use of restraint and seclusion and the majority of staff and patients told us they felt safe.
- Secure services management, ward staff and patients were working together to reduce blanket restrictions.
- The multi-professional staff team provided a good standard of care. Doctors followed best practice in prescribing and had an excellent system for monitoring physical health in relation to anti-psychotic medication. Occupational therapists ran the shift with registered nurses on rehabilitation wards and this had been a positive innovation. The service had piloted collaborative risk assessments which had improved patient care. Psychological therapies were available and there was a comprehensive range of activities, therapies and life-skills work available at the Malago centre.
- Patients were treated with dignity and respect and supported to be involved in the running and development of the service. The service was working towards developing greater friends and family input.
- Patients could feedback through their community meetings and issues were taken to the service user steering group which was attended by senior managers. The log of the meetings showed that issues were taken seriously and actions developed and followed up. Patients had complained about food quality and a large piece of work had been undertaken to try to improve the quality of the food.
- Senior management and the modern matron were visible to, and accessible to staff. Staff told us they felt listened to and could raise any concerns. Staff had a positive attitude to management. We found that there were measures in place to improve the leadership of new ward managers with coaching. The trust had put in place practice development nurses to provide additional development for nursing staff.
- Governance within secure services was effective. We noted that where we found areas needing improvement, management had identified these and already had a plan in place.

However:

- There were not enough qualified nursing staff on Siston ward and the service was finding it difficult to retain nurses on this ward.
- Although changes had been made to the search policy, there was no system in place to monitor the consistency and effectiveness of the new policy across both units.

# Summary of findings

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

### Are services safe?

#### We rated safe as good because:

- The service had a good standard of environmental security and these risks were assessed on a ward as well as individual patient level.
- All wards across the low and medium secure units had very low rates of incidents, restraint and seclusion.
- There was ongoing work to reduce blanket restrictions.
- Patients and staff told us they felt safe.
- Wards had reduced their use of agency and bank without putting staff or patients at risk using innovative practices.
- Patient risk assessments were of a good standard.

However:

- Siston ward on Fromeside medium secure unit did not have enough nurses with six of the seven band five posts vacant.

Good



### Are services effective?

#### We rated effective as good because:

- All patients received a physical health check on admission and ongoing monitoring and treatment of any physical health needs.
- Prescribing followed best practice and there was an excellent system for monitoring blood results for patients on clozapine.
- Rehabilitation wards had piloted an effective method to use occupational therapists working in the ward staffing numbers.
- Patients had been involved in developing collaborative plans on Ladden Brook and Cary wards.
- The multidisciplinary teams functioned well.
- There was good use of the Mental Health and Mental Capacity acts.

However:

- Staff on Siston ward had written care plans that were generic and not person-centred.

Good



### Are services caring?

#### We rated caring as good because:

- Staff knew patients well and treated them with dignity and respect.

Good



# Summary of findings

- Patients were involved in their care and were able to contribute to the running of the service.
- The service was working hard to improve family and friends involvement.
- 

## Are services responsive to people's needs?

### We rated responsive as good because:

- Patients always had a bed on return from leave and were able to move to a more supported environment if needed.
- Patients had access to a wide range of facilities including therapies and activities.
- The service had made changes to blanket rules to support better choice for patients around food and drink.
- Patients were able to receive spiritual support.
- Patients were supported to complain and complaints were taken seriously.

Good



## Are services well-led?

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

- There was excellent leadership from the senior management team who were visible and accessible to all staff.
- Senior managers had implemented an effective program of quality improvement which had made significant changes to the culture within the hospital.
- There were effective governance systems in place and plans in place to identify and address areas needing improvement.
- Experienced nursing staff had been employed with the specific role of improving nurse leadership and practice.
- Ward managers and staff team were encouraged to be involved in service improvement.

Good



# Summary of findings

## Information about the service

Fromeside medium secure and Wickham low secure units are run by Avon and Wiltshire NHS Partnership Trust which provides mental health services to people in South Gloucestershire, Wiltshire, Bath and North East Somerset, Bristol and North Somerset. Patients are admitted from across south west England.

The forensic and secure services are based in one hospital site at Blackberry Hill Hospital. They are purpose built facilities and provide secure inpatient mental health services for adults aged between 18 and 65.

Services include:

Medium Secure Service has 1 x acute ward, 4 x rehabilitation wards, 1 x psychiatric intensive care unit, 1 x women's ward and 1 x LD ward

- Medium secure service with eight wards; one psychiatric intensive care unit, one women's medium secure ward, one learning disability ward, one acute wards and four rehabilitation wards

- Low secure service with one acute and two rehabilitation wards.

The medium secure unit at Blackberry Hill Hospital was inspected in January 2012. We took enforcement action because of the provider's failure to ensure suitable staffing after this inspection.

In March 2013, we found that the provider had taken steps to respond to this positively. In October 2013 we issued compliance actions for unsuitable premises and records.

We followed up all of these actions during a comprehensive inspection of the trust in June 2014. We found that records had improved. However, we found the environment was unsafe and that staffing levels were unsuitable. Secure services were going through a service redesign. Staff morale was low and we were concerned about the lack of ward managers. We took enforcement action against the trust. We returned in December 2014 and found that the premises and staffing had been improved and the requirements met.

## Our inspection team

Chair : Maria Kane CEO Barnet, Enfield and Haringey Mental Health NHS Trust

Head of Hospital inspection: Karen Bennet Wilson

The team that inspected Forensic inpatient/secure wards comprised: a CQC inspector, an inspection manager, two consultant forensic psychiatrists, a psychologist, two social workers, a nurse specialist and a mental health act reviewer.

## Why we carried out this inspection

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

## How we carried out this inspection

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

- Is it safe?
- Is it effective?

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

# Summary of findings

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

During the inspection visit, the inspection team:

- visited all eleven of the wards at the low and medium secure units on the Blackberry Hill site and looked at the quality of the ward environment and observed how staff were caring for patients
- spoke with 23 patients and collected feedback from 13 patients using comment cards
- attended the friends and family focus group
- spoke with the managers for each of the wards
- spoke with 54 other staff members; including doctors, nurses, therapists, psychologists and occupational therapists
- interviewed the senior managers with responsibility for these services
- attended and observed four hand-over meetings and three multi-disciplinary meetings
- Looked at 49 care records
- Looked at 40 prescription records.

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

Patients were positive about both Wickham and Fromeside. We spoke with service user representatives who told us about their involvement in reducing blanket restrictions across the medium and low secure. Patients compared Fromeside favourably with other secure units they had been in.

Patients told us they felt safe and that staff listened to and supported them. Patients felt involved in their care. Patients told us they were not as confident of bank and agency staff as they liked to have familiar faces on the ward.

## Good practice

There was good practice in involving service users in the reduction of blanket restrictions.

Patients on clozapine, an anti-psychotic medication, had their blood test results recorded on their medicine charts which ensured clinicians had the most recent blood levels available.

Collaborative risk plans were of excellent quality. Ladden Brook had piloted these plans which were developed with patients. They were holistic and comprehensive.

## Areas for improvement

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

The provider should develop a system to monitor the implementation of the new search policy to ensure it is being implemented consistently.

The provider should address staffing shortfalls on Siston ward.

The provider should provide additional support for staff members experiencing racism or any other form of abuse which focuses on their belonging to a minority group.

The provider should address Psychology provision in Wickham Unit.

## Avon and Wiltshire Mental Health Partnership NHS Trust

# Forensic inpatient/secure wards

### Detailed findings

#### Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
Wichkam Low secure unit	Blackberry Hill Hospital
Fromeside Medium Secure Unit	Blackberry Hill Hospital

#### 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.

Patients received their rights regularly and detention paperwork was in order.

There was good adherence to the Mental Health Act 1983 (MHA). The service was working to implement the new Code of Practice by reducing blanket restrictions. Staff had received training on the MHA.

All patients had access to an independent mental health advocate.

#### Mental Capacity Act and Deprivation of Liberty Safeguards

Staff had received training in the Mental Capacity Act and were able to describe the meaning of capacity and how to apply this.

Records showed that where appropriate decision-specific capacity had been assessed and recorded.

# Are services safe?

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

\* People are protected from physical, sexual, mental or psychological, financial, neglect, institutional or discriminatory abuse

## Our findings

### Safe and clean environment

- Wards on both Wickham low secure unit and Fromeside medium secure unit had some blind spots. However, there were mirrors in place to improve staff lines of sight. Staff teams across both units had good relationships with patients and we observed there were always members of staff in communal areas.
- Wickham and Fromeside had excellent ligature management systems in place. Staff had carried out an audit of every ward area using the Manchester tool. Following our previous inspection in June 2014, the trust had undertaken a large piece of work to remove fixed ligature points across both units. Staff had carried out ligature risk assessments for individual patients.
- During our inspection, we identified a fixed ligature point and senior management took immediate action to develop a plan to remove this point. Following our inspection the service supplied evidence that this had been removed.
- All wards were single sex.
- All wards across both Wickham and Fromeside had fully equipped clinic rooms. Clinic rooms at Wickham were larger than those at Fromeside. Staff checked resuscitation equipment weekly. Emergency drugs were available and in date. However, on Teign ward at Fromeside there was one clinic room and two dispensing rooms. The dispensing rooms were very small and had been identified as potentially contributing to medicine errors. Secure service managers were aware of the problem and had a plan in place to carry out remedial works to improve the clinic environment on Teign. Wellow ward did not have an examination couch but this had been ordered and staff were awaiting delivery.
- Seclusion facilities across both units were of a good standard. Staff had clear lines of sight and patients had access to toilet and shower facilities. We noted the shower button in the seclusion room on Teign ward was a potential ligature risk. The clinical director followed this up during our visit. They told us they had identified a similar risk in another seclusion room and had contacted the estates department to have these risks removed. Following the inspection the service sent evidence that the shower buttons had been replaced.
- We found that the air-conditioning unit in the seclusion room on Fairfax ward was switched on and the room would be too cold for use, in addition there were no toilet and washing facilities available in the room. We saw there were plans in place to address this. Staff immediately switched off the air conditioning. We found on Cary ward that the heating was on despite it being a warm day. Staff immediately contacted the estates department and arranged for the heating to be switched off.
- The majority of ward areas across both medium and low secure were clean and wards on Fromeside were well-maintained. Cleaners were present across both units and we saw ward areas being cleaned. Generally all areas were free from odours and visibly clean. However, we found that on Wickham unit staff had not ensured a bedroom was cleaned after a patient moved out and this room was dirty and smelt stale. Staff assured us it would have been cleaned before a new patient moved in. We also found that dirty bedding had not been removed following the use of the high care area on this ward. The service manager took immediate action to ensure staff addressed this. Cleaning records were available for all wards across both Wickham and Fromeside. Patients on Kennett ward told us they had a housekeeper attached to the ward and they wanted us to know that they were very pleased about the standard of cleanliness on the ward.
- We also noted that the environment on the low secure unit in general was in need of renovating. However, there were plans in place to address this and we saw work underway during our inspection.
- The PLACE survey score for condition, maintenance and cleanliness across both units was 98.5% which was higher than the national average of 97%.
- We saw handwashing signs throughout both units. On both units soap dispensers were filled, there were paper towels available with pedal operated bins which were

# Are services safe?

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emptied regularly. Each ward had an identified infection control lead. Staff in the security office told us that all hospital keys were regularly cleaned using disinfectant wipes. Equipment was well-maintained and visibly clean. We saw records of calibration checks of equipment.

- Staff carried out environmental risk assessments regularly and these were available on the ward. In addition, the security team carried out observations and searches of the Fromeside medium secure perimeter. Security staff told us about risks they had identified and areas where they had found illicit items concealed. Security staff were responsible for the management of keys at both Fromeside and Wickham. We spent some time with security staff and observed clear procedures for the issuing and return of keys to staff. The security team managed the entrance from Fromeside reception to the wards. Security staff only let patients exit into the reception airlock if they had been notified that a patient was on leave and accompanied by a staff member.
- Both Wickham and Fromeside had access to appropriate alarms and nurse call systems. We tested the nurse call system on Wickham unit and it was in working order. We observed staff respond immediately to any alarm on the unit where they worked. In addition to personal attack and nurse call systems Fromeside also had an alarm system for garden doors. Before staff opened a garden door on Fromeside, the ward team informed the security team. When someone opened the door an alarm was sounded in the security office. This meant Security staff could monitor patient access to gardens.

## Safe staffing

- Key Staffing Indicators:

### Wickham low secure unit

- Establishment levels: qualified nurses (WTE): 31
- Establishment levels: nursing assistants (WTE): 39
- Number of vacancies: qualified nurses (WTE): 0
- Number of vacancies: nursing assistants (WTE): 0
- Fromeside medium secure unit (including the security team)
- Establishment levels: qualified nurses (WTE): 80
- Establishment levels: nursing assistants (WTE): 106
- Number of vacancies: qualified nurses (WTE): 9.8

- Number of vacancies: nursing assistants (WTE): 15
- The number of shifts filled by bank or agency staff to cover sickness, absence or vacancies in 3 month period: 262 across both units
- Staff sickness rate (%) in 12 month period: 6.3% across both units
- Staff turnover rate (%) in 12 month period: 21% across both units at 31 January 2016
- Each ward had an expected staffing complement. Fromeside had nurse vacancies. In order to manage this safely the nursing director had developed a 'safer wards' staffing plan. This plan enabled nurse managers to make decisions about the staffing on their ward. The trust had recently re-opened Wellow ward at Fromeside. It had previously been closed due to low staff numbers. When this ward re-opened, staff only had one month to organise things and it did not have enough staff in post. Staff told us it would have taken two to three months to increase staffing.
- The nurse in charge of each ward could decide if they wanted an agency nurse to make up staffing numbers or if they felt it would be better to run the shift with one less nurse but an additional experienced health care assistant. Nurses told us they felt safe on the wards and that shifts were usually adequately covered. Nurses felt it was often preferable to have an experienced member of staff rather than an agency nurse with no knowledge of the ward or its patients.
- Kennett ward had an innovative staffing system in place. To cover the shortfall of band five nurses the ward had occupational therapists carrying out a nursing shift. They did not administer medicines. Both nursing staff and occupational therapists were very positive about this development and told us they had learnt a great deal about each other's skills. They felt this was of great benefit to patients. Additionally staff on Wellow ward had elected to work long days and felt this had improved their work/life balance. Patients told us they preferred the new staff rotas as they had more continuity. The change of shifts had meant there were less vacant shifts. Staff on Ladden Brook had recently voted to move to long days. The ward manager told us that the two staff who didn't want to work this shift pattern would be accommodated.

# Are services safe?

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- Fairfax ward on Wickham low secure unit had previously been low on nurses but had recruited into these posts.
- Several months prior to our inspection both Wickham and Fromeside had a high use of agency staff. There had been actions by the trust to reduce the use of agency and figures showed a marked reduction on ten on the 11 wards in the months prior to our visit. Staff and management attributed this to the 'safer wards' and were positive about it.
- However, Siston ward on Fromeside medium secure unit did not have enough nurses with six of the seven band five posts vacant. We noted that staffing figures for this ward had been low since it had been managed separately from Avon ward. Staff numbers were made up by using bank staff. Where possible the ward used staff familiar with the ward. On the first afternoon we visited the ward all four staff on shift were either bank or agency. Bank and agency staff covered night shifts.
- Ward managers told us they could adjust staffing figures if needed, for example if a patient needed one to one care or specific visits extra staff were booked. They could offer overtime to staff. The manager on Teign ward told us they had regular bank staff they used to cover shifts. Staff always tried to cover shifts with bank staff familiar with the ward before using unfamiliar bank staff or agency. Anecdotal evidence from some staff was that a number of previously substantive staff had left to work on the bank. The explanation staff gave was that staff had more choice in the shifts they worked.
- Staff told us that the change in rostering which only allowed staff a maximum of four requests a month was unpopular. Evidence submitted by the trust prior to the inspection showed that this had been raised by staff. Some ward managers told us they worked around staff requests, for example if someone had a regular commitment. However this was not standard across every ward in the unit. In addition, staff told us that bank staff employed to work a particular shift on a specific ward did not have to move around the unit to cover shortfalls in staffing whilst regular staff did. Staff we spoke with thought this was not always the best use of bank staff as it could mean leaving a new bank member of staff on the ward and moving a regular staff member who knew the patients.
- We observed that there was always at least one member of staff in communal areas at all times. Staff were always present when patients were in the garden.
- There were always enough staff for patients to have regular one to one time with their named nurse. Patients' care records showed that this took place regularly. When one to one time did not take place this was because the patient had declined and it was clearly documented in the patient's notes.
- Escorted leave and ward activities were rarely cancelled due to staffing issues. We were told that there were some problems with the service having an adequate number of drivers. Staff told us that sometimes they had to re-arrange a patients leave, but that it still took place.
- There were enough staff on every ward to safely carry out restraint. In addition any use of alarms resulted in staff from other wards attending to provide support. We observed the system in action during our inspection and saw staff responded promptly. Staff told us they were confident of colleagues' support.
- There was full cover by a consultant psychiatrist across both Wickham and Fromeside. An out of hours doctor service was in place and a doctor was available to attend the service quickly in an emergency. Two speciality doctors had recently left. However, the vacancies had been filled and the new doctors would be in place by August.
- Staff had received and were mostly up-to-date with appropriate mandatory training. The average mandatory training rate for staff in secure services was 88% against the trust target of 85%. There was no area of training across secure services with a rate below 75%.

## Assessing and managing risk to patients and staff Wickham low secure unit

- Number of incidents of use of seclusion in last six months: 3
- Number of incidents of use of long-term segregation in last six months: 0
- Number of incidents of use of restraint in last six months: 6
- Number of incidents of restraint and seclusion: 0
- Of those incidents of restraint, number of incidents of restraint that were in the prone position: 0

# Are services safe?

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## Fromeside medium secure unit

- Number of incidents of use of seclusion in last six months: 24
- Number of incidents of use of long-term segregation in last six months: 0
- Number of incidents of use of restraint in last six months: 2
- Number of incidents of restraint and seclusion: 18
- Of those incidents of restraint, number of incidents of restraint that were in the prone position: 12
- We looked at 49 care records and 40 prescription charts. All patients were risk assessed using the HCR-20, a recognised risk assessment tool. Each patient's HCR-20 was updated every four months by the psychologist attached to the patient's ward. In addition, staff also completed the trust risk summary. Risk assessments were detailed, comprehensive and completed to a high standard. Staff updated assessments after every incident.
- Staff on Ladden Brook at Fromeside had introduced collaborative positive response plans which had been developed with patients. Plans included what things upset individuals and things that helped, how people could know if the patient was stressed or in crisis and what helps. Both staff and patients were very positive about these behavioural risk management plans.
- Managers, staff and patients at Fromeside were engaged in a programme of reduction of blanket restrictions. The head of therapies told us that 170 blanket restrictions had been identified and that these had already reduced to 70. The service aimed to reduce blanket restrictions to 49. Patients were encouraged to lead in this program. Staff told us there had been lots of debate. Both patients and the majority of staff that we spoke with were very positive about the changes. Overall the number of incidents had reduced as rules which led to potential conflicts had been removed. However, some members of staff were unhappy about the changes in the rules and told us that the services were less safe.
- There remained a blanket restriction to gardens on Fromeside. Security staff explained that there was the potential for psychoactive substances to be thrown over the perimeter fence or deliver them over this fence by other means. Staff gave us one example of the use of a drone to attempt to deliver illegal psychoactive substances to patients on Wickham.
- Both Wickham and Fromeside had good policies in place for the use of observation. We saw observation being carried out in line with trust policy and saw that accurate records were made.
- Secure services had recently reviewed their blanket policy on searching and now carried out searches which were intelligence-based or for other good reason. We spoke with the security nurse who explained the policy had been developed with the support of a neighbouring trust who had carried out extensive work on search policies and procedures. In addition, staff on Ladden Brook at Fromeside had borrowed a metal detector and planned trials of this in the week following our visit. Staff told us that further collaboration was planned with the neighbouring trust to continue to develop search procedures. We asked the modern matron for Fromeside about arrangements in place to monitor the new search procedures to ensure all staff were abiding by the policy and implementing it safely and fairly. We were told that this was not yet in place.
- There was very little use of restraint across both Wickham and Fromeside. Staff attributed this to a number of factors which included good relationships, reduction of blanket rules and smaller bed numbers on the wards. Each ward had staff trained in the correct techniques. Staff had access to on-site trainers in restraint techniques from both the security team and one of the practice development nurses.
- There were only four incidents involving the use of rapid tranquilisation between October 2015 and April 2016. Ward managers told us they ensured staff stayed current with NICE guidance through supervision.
- Use of seclusion across all wards on both Wickham and Fromeside was minimal. Records were kept in an appropriate manner. One ward manager explained they used the seclusion area as a de-escalation and high care area but whilst a patient was in this area recorded it as seclusion until the patient agreed to stay in the area.
- All staff understood the safeguarding process and how to pass on concerns. The local safeguarding team told us there had been a reduction in safeguarding referrals

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from Fromside. The modern matron told us that senior management had also noted this and held a meeting with the trust head of safeguarding to discuss. The modern matron had noted that the safeguarding procedure was confusing and needed to be updated. Work was in progress to develop one A4 page for staff to access which described the whole process.

- There was good medicines management across both Wickham and Fromside. There was pharmacist input to every ward. Medicines were stored safely and at the correct temperatures. Staff had a system in place to record opening dates of liquid medicines and creams. Audits of stock were carried out by nursing staff. The pharmacist provided support to all wards across the low and medium secure units.
- The service had excellent practice for monitoring patients on clozapine. Patients' clozapine levels from blood tests were recorded on their medicine charts which meant this information was always available to staff.

## Track record on safety

- There had been one serious incident on Wickham in the last 12 months and no serious incidents on Fromside. The service had carried out a thorough investigation and was in the process of producing a root cause analysis report

## Reporting incidents and learning from when things go wrong

- All staff knew what incidents to report and how to do this.
- We saw that a new bulletin had been produced for secure services staff about learning from incidents. The

bulletin introduced the new framework and themes from complaints and incidents and included information about what action management were taking.

- Staff on Cary ward told us that they met following incidents and included the patient in the discussion to identify learning and ways in which future incidents could be prevented or managed differently.
- We noted good practice of learning on Teign ward where a number of medicines errors had been reported. The ward manager carried out a review of all errors and identified that the arrangements for dispensing medicines on the ward potentially contributed to medicine errors. The ward manager had a plan in place to change to using just one clinic area for the administration of medicines and for each patient to have their own shelf in a locked cupboard which contained all their medicines.
- A further example we noted was that the modern matron had identified the fall in the number of safeguarding referrals and put plans in place to manage this.
- Wickham unit had undergone a series of changes following a number of serious incidents three years ago. This had resulted in widespread changes to policies and procedures.
- During our inspection we observed a member of staff become upset. We saw they were offered immediate support and options explored to help them manage. Staff told us there was always the opportunity for debrief and support.

# Are services effective?

Good 

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

## Our findings

### Assessment of needs and planning of care

- We looked at 49 care records and 40 prescription charts. All of the records we examined demonstrated good practice.
- Staff had carried out a comprehensive and timely assessment following patients' admission. Therapies, nursing, medical, occupational therapists and psychology staff carried out additional assessments during a patient's stay in the hospital.
- Care records showed that patients underwent a physical examination and there was ongoing monitoring of physical health. We saw that patients' physical health was monitored regularly by ward staff. Staff recorded when patients refused physical health checks and continued to offer these. Patients' prescription records contained records of their national early warning scores (NEWS physical health observations) scores and a copy of a capacity assessment.
- All the care records we saw were holistic and up to date. We saw excellent positive behavioural support plans on both Ladden Brook and Cary wards in Fromeside hospital. Senior management intended to roll out these plans across the hospital. We saw that the management had collected feedback from both staff and patients about the impact of implementing these plans. Other wards knew about the plans and we saw staff on Bradley Brook ward suggest this plan when staff discussed how to support a patient on their ward.
- On Siston ward we found that care plans did not always incorporate the patient's views and some were generic and not person-centred. However, patients' needs were included in these plans.
- Patient records were stored on the electronic patient records system (RIO). We found that the system functioned well and information was easily accessible. However, some staff struggled to use the system effectively. Staff on Cary ward had developed 'grab files'. This file contained important information about patients that staff might need to access quickly.

### Best practice in treatment and care

- Doctors prescribed medicine according to national evidence-based guidelines from the National Institute of Clinical Excellence. We saw records for one patient who was on a high dose of anti-psychotic medication. Staff followed good practice and had developed a detailed care plan. All the physical checks advised by national guidelines were carried out.
- Patients had access to a range of psychological therapies across both hospitals. Arts psychotherapists told us about the engagement work they were doing with acutely ill patients. Occupational therapists delivered therapeutic groups such as training for violent offenders. We noted that psychologists tended to focus on in-depth assessments and developing new programs which had an impact on the number of patients who were offered a psychology service. For example on Wickham unit which had a total of 11 hours psychology input allocated per week. The psychologist's involvement in work on Fromeside meant that not all these sessions were available. One patient told us they needed to receive psychology before they could be discharged. They had begun psychology then their psychologist had moved and they were unable to continue. This patient was still waiting to resume psychology.
- Patients had access to a GP on site as well as a dentist, chiropodist and a practice nurse at the physical health suite on Fromeside. Patients were supported to access specialists when needed.
- Staff used recognised rating scales to assess and record severity and outcomes. For example, staff used rating scales to assess side effects from anti-psychotic medication, health of the nation outcome scale, and the Becks inventory for depression.
- Staff were involved in carrying out a range of audits. For example we saw on Teign ward that a medicines audit had been carried out in response to a number of medicine errors. The audit had identified improvements that could be made to reduce the likelihood of further errors.

### Skilled staff to deliver care

- There was a full range of disciplines available for all wards across the hospital. On Wickham unit we found

# Are services effective?

Good 

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

that the multi-disciplinary team worked well together. Since our last inspection there had been a service redesign which had placed a consultant psychiatrist, a psychologist and occupational therapists on each ward. Staff had access to a pharmacist for advice and support. The pharmacist had helped identify improvements for Teign ward in medicines management.

- Nursing staff and consultant psychiatrists we spoke with were positive about the new model. However psychologists told us they had not felt included in or consulted fully about the changes. Managers we spoke with explained that ideally they wanted the ward manager, consultant psychiatrist and psychologist to work together to oversee the running of the ward. We saw good practice on Teign, Kennett and Ladden Brook where this system was working well. Staff on Siston ward, however, told us that it was difficult to raise concerns about patient care on the ward or to have their views listened to.
- The recovery centre was based at the Malago Centre. There was a range of skilled staff such as arts therapists and occupational therapists. The staff delivered recovery based interventions which included therapy, well-being groups, and activities such as gardening, education and hobbies.
- Staff had a range of qualifications and experience. The arts therapists were qualified to master's degree level in their respective therapeutic disciplines of art, music and drama.
- The new safe staffing model to be introduced required a larger number of band six staff. We noted that there had been poor retention of band five staff across Fromeside which meant that there was a potential experience gap.
- Whilst staff had completed mandatory training there was a lack of opportunity for staff to access specialist training. The trust had cancelled all non-mandatory training at the end of the last financial year due to financial pressures. Staff told us it was difficult to get training because the application process often had tight timescales.
- The senior management team had plans in place to mitigate the shortfalls in staff experience. Two practice development nurses were in post. One of these nurses had a role to help support and develop newly qualified nurses and told us about how they supported

preceptors with medication training and signing-off that the nurses were competent. Secure services had three senior practitioners who worked clinical shifts every week. The service aimed to base the senior practitioners on a ward for six months.

- Staff told us that in the past, new staff did not always get the same standard of induction. The practice development nurses now in post were taking a role in ensuring a greater consistency. During our inspection, one new member of staff spoke with us about the care certificate. They told us the induction was very thorough. We spoke with a senior member of staff who told us that the care certificate was also being used as a basis to do specific pieces of work with established health care assistants to help them improve their skills.
- Staff had regular management supervision and attended regular team meetings. Some ward teams had access to reflective practice supervision. We attended two formulation meetings where ward teams met with the psychologist to debate the most appropriate team approach for individual patients.
- The percentage of non-medical staff that had an appraisal in the last 12 months was 92%.
- The secure services management team had put measures in place to address poor staff performance. One of the roles of the senior nurse who provides ward managers coaching was to work with ward managers to address staff performance. Procedures were being put in place to help managers support staff to improve. Ward managers were also working with the human resources staff on site to address ward staff performance that did not improve following support. During our inspection we observed one member of staff refuse to carry out some of their duties. The ward manager addressed this immediately.

## Multi-disciplinary and inter-agency team work

- Multidisciplinary team meetings took place weekly. These were attended by ward staff and included the consultant and psychologist. For example, we saw minutes of a Ladden Brook meeting where staff covered feedback from patients' community meetings, which staff appraisals were due, environmental issues with the ward, safety alerts and any ward incidents.

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- We attended handovers on a number of wards across Wickham and Fromeside. Handovers took place between shifts and covered all relevant information about patients and the information needed to manage risk and deliver care. However, staff did not have a structured handover form and handed over by reading the patients' electronic notes. The lack of a recorded handover form meant there was a lack of evidence available to demonstrate that relevant information had been communicated. We attended a doctors handover on Wickham unit which was clear, concise and of good quality.
- We attended a care programme approach (CPA) meeting on Cromwell ward. The patient was due for discharge and the meeting was attended by professionals from external agencies as well as the multidisciplinary team from the low secure unit.
- Patients confirmed they were regularly informed of their rights; we saw this was recorded in patient records. All detention paperwork we looked at was filled in, up to date and stored correctly. Patients and an independent mental health advocate told us that all patients had access to this service.
- Administrative support and legal advice on implementation of the MHA and its code of Practice was available from a central team.
- We identified one informal patient across the medium and low secure units. This patient understood they could leave but had chosen not to.

## Adherence to the MHA and the MHA Code of Practice

- Eighty-seven percent of staff had training in the Mental Health Act (MHA). Staff had a good understanding of the MHA, the Code of Practice (Code) and the guiding principles. As a response to the new Code, staff across the hospital were working with patients to reduce the number of blanket restrictions.
- Consent to treatment forms were attached to medicine charts and in addition capacity assessments were also available.
- Ninety-four percent of staff had training in the Mental Capacity act (MCA). There were no deprivation of liberty safeguards (DOLS) applications as all patients (except one) were detained under the Mental Health act.
- Staff were able to explain the meaning of the capacity act, that assessments were decision-specific and that capacity could fluctuate.
- The trust policy on MCA and DoLS was available to staff on the trust intranet.
- Patient records contained assessments of capacity. For example, we saw that all patients had a capacity assessment attached to their medicine chart where appropriate. We saw that other capacity assessments were available in patient records.

# Are services caring?

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

## Our findings

### Kindness, dignity, respect and support

- We observed staff treating patients with kindness and respect. We saw that staff knew patients well and that patients were comfortable with staff. Staff were always available on the ward area and spent time talking with patients. During our tour of the hospital we saw that the quality director of secure services knew the majority of patients. He always greeted patients in passing and patients were familiar with him.
- On the wards we inspected, we observed patients asking staff for support or help and staff responding quickly. Staff we spoke with were passionate about patient care and wanted to deliver the best service they could.
- Patients were very positive about the regular staff. Patients told us they felt safe, cared for and that staff listened to them. Patients were less positive about non-regular members of staff as they did not have relationships with them and found it difficult when there were a lot of new faces around.
- Staff knew individual patients and their needs well. Staff were able to attend formulation meetings with the ward psychologist to help them better understand patients they found difficult. On Ladden Brook the staff team had introduced 'collaborative positive response plans' which enabled staff to have much clearer understanding of patient needs and the most appropriate support to offer in specific situations. These plans were also in place on Cary ward.
- The PLACE score for privacy, dignity and well-being was 93% across both Wickham and Fromeside, above the national average of 86%.

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

- Patients received a 'welcome to secure services' handbook on admission. The handbook contained a guide to medium and low secure services. There was information about visitors, leave, a list of banned items and therapeutic activities. Patients we spoke with understood their rights, how their ward and the wider hospital operated. Patients also received a handbook for the Malago centre, the therapies and occupational therapy department.

- Patients' involvement in care plans varied across different wards in the medium and low secure units. We saw excellent involvement in the collaborative positive response plans on Cary and Ladden Brook. On Teign we saw that one patient had refused to be involved in, or comment on, their care plan and this was clearly recorded. Involvement in care planning varied on Siston with some plans generic and not person-centred.
- We attended three patient care reviews which were well-attended by members of the multidisciplinary team. Patients attended these reviews. We found that the meetings were collaborative, respectful and that patients were listened to.
- All patients had access to advocacy. The handbook patients received on admission contained information about the advocacy service and patients' right to have and advocate present during care reviews and care programme approach (CPA) meetings.
- Since our last inspection, secure services had employed a service user coordinator who had worked on developing a carers group. During this inspection, we attended a carers' meeting. Secure services had a carers and family involvement strategy for 2016 to 2017 developed with Rethink which identified four key priorities and how they would be achieved. Staff who developed the strategy had also identified how they would carry out a review to check the strategy was effective.
- One carer told us there had been a welcome cultural change in the hospital. They said that in the last year and a half the organisation had become more open. Carers told us that they felt their involvement was important to the involvement coordinator and the senior management team.
- Secure services had done a lot of work to improve the participation of patients in the service. Wards held a weekly community group which patients were encouraged to attend. Patients could raise any issues about the service at these meetings. Each ward had service user representatives who attended the monthly service user steering group. Patients were able to raise service issues through this group. We were told by patients that they felt listened to and involved in decisions about the service.

## Are services caring?

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- Wards had a 'You said, we did' noticeboard to inform patients about issues raised and any outcomes. Patients told us there had been a huge improvement in responsiveness by the service.
- The service user steering group had an action log which recorded all items raised, what was being done and any feedback with identified staff to take actions forward. For example, we saw that a lot of issues had been raised by patients about staffing. Clear information had been provided in response and a list of actions. Patients had been informed of ongoing recruitment updates and any initiatives the service had developed to recruit and retain regular staff.
- We spoke with three patients on Cromwell ward on Wickham unit who had been involved in the recruitment of staff and the recent service re-design. Carers had been trained to enable them to participate in recruitment interviews.
- On Teign ward we saw that work had been done with patients to identify difficult anniversaries in advance. Staff had developed plans with patients about how they would like to be supported during these times.

# Are services responsive to people's needs?

Good 

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

## Our findings

### Access and discharge

- Across all wards average bed occupancy over the last 6 months was 93%. All wards apart from Bradley Brook had a bed occupancy of more than 85%. However, Fromeside and Wickham are long-stay forensic hospitals, which generally have occupancy close to 100%.
- Figures supplied to us by the trust stated there were no out of area placements for this core service. However, staff on Teign ward told us it was difficult to find low secure placements for women as the low secure service was male only. Beds were not always available when needed for patients living in the catchment area. However, patients were moved into the area as soon as a bed became available. Consultant psychiatrists and the ward manager on Teign ward told us that there were no low secure beds for women available locally which had an impact on care pathways. In addition there were no local low secure services for patients with a learning disability. The commissioning of these beds rests with NHEngland.
- There was always access to a bed on return from leave. Leave beds were not used for other patients.
- Patients were moved during an admission period in their best interests. Some patients were moved due to safeguarding concerns or others from a rehabilitation ward to an acute ward if they became increasingly unwell.
- All discharges from the hospital were planned.
- Patients were able to move to Bradley Brook or Wellow on Fromeside or Fairfax on Wickham if they required more intensive care. Secure services had a good track record in identifying patients they could not support safely and arranging for patients to transfer to a more suitable service. For example the service would arrange a transfer to an appropriate high secure hospital if a patient needed that level of support.
- In the last six months there had been no delayed discharges.

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

- Wards across both units had a full range of rooms to support treatment and care. Each ward had a clinic room, lounge and quiet areas. On Fromeside, the Malago therapies centre had an extensive range of facilities for patients. Teign ward had an enthusiastic activities worker who had worked hard to develop a welcoming activities room and a sensory room where female patients could take time out to relax.
- Patients were able to meet visitors in the reception area and a family room was available. This room was also equipped with observation equipment for both supervised visits and family therapy sessions. On Wickham work was underway to improve the facilities for visitors.
- Patients were not allowed to have their own mobile phones on the ward but had access to a payphone to make and receive calls in private. Mobile phones were returned to patients for their use during leave.
- Patients had access to outside space hourly. This was a blanket rule in place across the hospital. The service had a security system in place where an alarm sounded in the security office on the opening of any garden door. Staff explained to us that the blanket rule was in place to reduce the risk of illicit drugs coming into the hospital. Staff gave us examples of attempts to deliver drugs by stuffing a tennis ball with drugs and also the use of a drone. Security staff were confident it was necessary for patients' protection to have this rule in place.
- Patients and staff told us the food was not always of good quality. The modern matron explained that work had been done to attempt to improve the quality of the food but the possible improvements were limited. Food on the wards was 'chill cook' which meant it was prepared elsewhere and reheated by the hospital. The modern matron had looked into the possibility of moving to fresh food cooked on site but the money for this was not available. Staff had improved their liaison with hotel services, who provided meals, and asked for the system to be looked at. The modern matron told us this had improved the delivery of food options patients had chosen.

# Are services responsive to people's needs?

Good 

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- Staff at the hospital had introduced other measures to mitigate the difficulties with food quality. Blanket rules had been changed so that patients were allowed to have meals brought in by family and friends. Additionally, staff were encouraging patients to cook. Patients on Kennett ward, a rehabilitation ward on Fromside, were hoping to move completely to self-catering but this was hampered by the small size of the kitchen on the ward.
- The PLACE survey for ward food was 80% which was lower than the rest of the trust and lower than the national average of 89%.
- The low secure service at Wickham had lifted a previous blanket restriction and patients now had free access to make snacks and drinks. However the kitchen on Siston ward was kept locked and there was a timetable available for patients to have access.
- Patients were able to personalise their bedrooms. Recently patients had been given the option to have privacy film on their bedroom windows. Many of the patients chose not to have it and this was respected.
- Following consultation through the service user steering group individual safes had been provided for all patients to enable them to store valuables. Patients were able to store possessions in their rooms and ask staff to lock the door. However we noted on Wickham unit there was a whole room full of patients' possessions.
- During the week, for patients who had leave, there was a wide range of activities available at the Malago centre. However, activities in the evenings and at weekends varied across wards. On rehabilitation wards patients with unescorted community leave were encouraged to attend community activities. During our visit to Ladden Brook there appeared to be few activities taking place with patients walking around the ward, watching TV or smoking in the garden.
- Teign ward had an enthusiastic activities coordinator who had sourced funding from a variety of organisations. Patients on Teign had been involved in decorating an activities room.
- Information was available for patients who spoke other languages.
- The secure services handbook, given to patients on admission, contained information about how to complain and the services on offer. Rehabilitation wards across both services had a wide range of information available for patients about community services and activities.
- Staff told us that the system for ordering food for specific dietary needs did not always operate effectively. Staff had undertaken work with the department which supplied the food to try to improve this. To help patients have more choice blanket restrictions had been eased to allow patients to order up to three takeaways weekly and to have food brought in. Wellow ward had arranged to order a buffet meal once a week.
- On Teign ward patients had voted to have a sandwich or salad for lunch with a hot meal in the evening.
- Patients had access to a wide range of spiritual support. Patients had access to a multi-faith room which contained information about the range of spiritual support available. Patient representatives had requested that an imam attend for Friday prayers weekly rather than monthly and an action was raised on the steering group action log to request a local imam to come weekly. Patients confirmed that they were supported to follow their faith.

## Listening to and learning from concerns and complaints

- Total number of complaints in last 12 months: 20
- Total number complaints upheld: 2 fully and 8 partially
- Total number complaints referred to Ombudsman in last 12 months: 1
- Total number complaints upheld by Ombudsman in last 12 months: n/a
- The secure services learning from incidents, introduced in March 2016 identified a theme of complaints about staff attitudes. Evidence supplied by the trust showed that where a complaint about staff attitude had been upheld supervision was put in place to address this.
- Patients told us they knew how to complain and that they received feedback. Patients told us they had access to advocates.

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

- Both the medium and low secure units were on one level and accessible for people with disabilities.

# Are services responsive to people's needs?

Good 

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

- Staff knew how to support patients to make a complaint.

# Are services well-led?

Good 

By well-led, we mean that the leadership, management and governance of the organisation assure the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.

## Our findings

### Vision and values

- Staff were unable to describe the trust's vision and values but had good knowledge of what the current priorities were within secure services. Staff were able to describe recent changes and improvements which they attributed to the current senior management within secure services.
- The senior management team had a clear strategy and vision and we found evidence that this was being implemented across both Fromeside and Wickham units. The team told us about their six priorities of improving care pathways, reducing restrictive practice, improving carer involvement, stable specialist staff, financial viability, meeting contractual commitments, and becoming an outstanding service. These priorities had been developed in consultation with staff. During this inspection, we found that work had begun on implementing and developing these six priorities.
- The senior management team had a clear grasp of areas of challenge, which included culture versus attitude of staff, that some staff were stuck in a previous way of working but remained highly motivated in their work, recruiting and retaining staff, and recruiting to psychology posts. We identified these and other issues during our inspection. However, for all of the challenges and difficulties we found during our inspection we found that the management team had already identified these areas needing improvement and had begun to address them.
- Staff knew who the secure services senior managers, known as the triumvirate, were. They were able to name these managers and had positive views of them. Staff told us that the triumvirate were visible around the site, were friendly and approachable, and staff had confidence they listened.
- The consultant psychiatrists were positive about leadership from the clinical director and described a collaborative relationship. The modern matrons and service managers were very positive about the leadership of the triumvirate and ward managers felt supported by the modern matrons.

- Staff told us they felt part of secure services rather than the wider trust. The majority of staff were unable to name any of the executives above triumvirate level although staff told us they had met and liked the previous chief executive. Staff told us the previous chief executive used to do shifts on wards sometimes and was happy to sit with patients and talk to staff.
- We noted that this was a considerable change from our previous inspection when staff had little knowledge of the triumvirate, felt under pressure and not listened to.

### Good governance

- Staff completion rates for mandatory training were high. Some staff teams, for example Kennett, had restraint training below the trust target of 85% but the ward manager explained some staff on the team were exempt from delivering physical interventions.
- Staff were appraised and supervised, across the core service appraisal rates were 92%. However the appraisal rate on Bradley Brook was 64%. Staff we spoke with consistently told us they felt supported by the whole management structure within secure services.
- We noted that there was an experience gap amongst nursing staff. Some ward managers and band six nurses were new or relatively new in post. This situation exacerbated by difficulties in retaining nursing staff. In particular it was noted that band five nurses did not always stay following completion of their preceptorship. The nursing director in the trust presentation to CQC acknowledged that retaining nursing staff was a trust-wide issue.
- Staff spent the majority of their time delivering care to patients. On the majority of wards we saw that staff spent minimal time in the nursing office.
- Staff knew how to report incidents. Staff had participated in a number of audits of patient care for example medicines audits.
- Staff were able to describe how they learnt from incidents, complaints and service user feedback. Patients had mechanisms in place to give feedback and have input into the running of the service. Patients felt listened to and that they were involved.

# Are services well-led?

Good 

By well-led, we mean that the leadership, management and governance of the organisation assure the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.

- Staff adhered to the Mental Health and Mental Capacity Acts. They were able to describe the principles of the Mental Capacity Act.
- Each ward manager had a ward 'dashboard' which could be accessed via the trust's electronic network. Managers were able to check on supervision and training and other performance related issues.
- Ward managers had sufficient authority and administration support. The secure services senior management were working with the modern matrons and a management coach to help ward managers feel more supported and empowered.
- Ward managers were able to show us individual ward risk registers as well as the overall register. Ward managers told us it was very straightforward to raise and discuss risks.
- Staff across the hospital, of all grades, consistently reported high morale. The majority of staff had confidence in management from ward managers to the triumvirate and were positive about the changes in the hospital. We spoke with a few members of staff who felt unsure about the changes and that things were less safe.
- There was good opportunity for leadership development. Ward managers could attend a leadership course. Some ward managers were new in post and secure services management had recently employed a manager with a proven track record to coach, mentor and support the new managers to identify development needs and provide support to improve ward management skills. Additionally there were three senior nurse practitioners in post and two practice development nurses.

## Leadership, morale and staff engagement

- Staff sickness rates were monitored for the service as a whole and individual wards. Sickness varied widely across the 11 wards in low and medium secure. On Avon ward sickness was 14% whilst it was under 2% on Wellow. There appeared to be no correlation between sickness rates, turnover and vacancies.
- Some black members of staff told us they thought that white staff did not always understand the impact of racist abuse they received from some patients. They said that whilst colleagues were supportive and racism was challenged, they felt white colleagues did not always understand how hurtful it was and the impact it had. One black member of staff told us that they got good support from black agency and bank staff who could understand what they were experiencing.
- Staff told us they were confident to raise concerns. One member of staff told us that they had raised an issue with senior management and this had been dealt with sensitively. The member of staff told us they had received support and their confidentiality had been respected. A second member of staff told us that they did not feel supported by other members of the team but were reluctant to raise this as they were not confident of confidentiality.

- Staff were open and transparent and explain to patients if and when something goes wrong. We saw team meeting minutes which discussed duty of candour and the need to discuss incidents with patients.
- Staff were involved in service development and told us that they felt listened to and had the opportunity to contribute to service development. Staff on two wards had been supported to decide to change their shift patterns.

## Commitment to quality improvement and innovation

- The service was a member of the quality network for forensic services.
- Throughout our inspection we noted a commitment to quality improvement in respect of service delivery and patient involvement. Staff on Ladden Brook had piloted the introduction of collaborative risk plans with patients which had resulted in high quality risk management plans.
- The service user steering group and the friends and family focus group were being treated seriously and empowered to contribute to the development of the service.