

Hertfordshire Partnership University NHS Foundation Trust

Forensic inpatient or secure wards

Inspection report

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Ratings

Overall rating for this service

Good 

Are services safe?

Requires Improvement 

Are services caring?

Good 

Are services well-led?

Good 

Our findings

Forensic inpatient or secure wards

Good  

Warren Court is part of the Eric Shepherd Unit and provides medium secure assessment and treatment services for men with learning disabilities, additional mental health needs and a history of offending. The service is run by Hertfordshire Partnership NHS Foundation Trust. The other three locations from which care is delivered within the forensic services are Broadland Clinic, Beech Unit and 4 Bowlers Green.

We carried out an urgent, unannounced inspection of Warren Court because we received concerns about the safety and quality of the services and whistleblowing concerns in relation to the culture of the service.

During this inspection we looked at all of the key questions of services safe, caring, and well-led.

We did not look at the key questions of effective or responsive. Therefore, these ratings remain in place with both core services rated as good.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support: Model of Care and setting that maximises people's choice, control, and independence.

This service is a medium secure provision which means that there are certain restrictions in place regarding choice, control, and independence. Measures were in place to maximise choice for people within these restrictions. However, people did say they were bored at times and had limited choices of activity.

Right Care: Care is person-centred and promotes people's dignity, privacy, and human rights.

People received kind and compassionate care from staff who protected and respected their privacy and dignity and understood each person's individual needs. People had their communication needs met and information was shared in a way that could be understood.

Right Culture

The ethos, values, attitudes and behaviours of leaders and staff ensure that people using the service lead inclusive and empowered lives.

The needs and safety of people form the basis of the culture at the service. Staff understand their role in making sure that people are always put first.

We rated safe as requires improvement, caring as good and well led as good.

Our findings

The overall rating is now good.

We rated this service as good because:

The service managers had re-instated the carers forum in October 2022 to introduce a way for carers to communicate and feedback about the service.

Most staff understood their roles and responsibilities under the Human Rights Act 1998, Equality Act 2010, and the Mental Capacity Act 2005.

The trust provided information that showed 89% of staff had received supervision, although three staff members told us the process to access supervision was not clear.

The team Leaders and clinical managers were visible and supported staff when staff shortages occurred. Staff told us that clinical managers and team leaders were supportive.

Peoples' care plans and risk assessments were updated at the fortnightly multi- disciplinary (MDT) meeting which all members of the MDT attended.

The furniture on the houses was safe and appropriate for the individual's needs.

However:

The environment in House 5 required redecoration and did not provide a therapeutic environment. There were very few pictures or information notices available on the notice boards for people who use the service, with no easy read format on display.

Staff did not always engage people in meaningful activities and people using the service told us they were often bored as there was a lack of activities and staff were too busy doing other things to spend time with them.

Staff had not completed positive behavioural support plans for all people using the services, and although people were kept safe, staff did not always understand some people's holistic needs or respond to those needs in a timely manner. We found that only one person had a positive behavioural support (PBS) plan and the person had not been involved in developing the plan. This did not detail an overall holistic approach to the person's care or give staff a clear understanding of how they might support the person's needs and mainly described how any challenging behaviours should be managed. Staff had not received training in how to implement positive behavioural support (PBS) plans. People being cared for were not involved in developing the plans.

The service did not display information in all communal areas about how people could access advocacy and other local services. They also did not display information on how people could make a complaint should they wish to.

On all three houses staff did not monitor the temperature of the clinic rooms or medication fridges consistently so were unaware of whether medicines requiring refrigeration were being kept at the correct temperature to ensure their efficacy.

Our findings

Is the service safe?

Requires Improvement ● ↓

Our rating of safe went down. We rated it as requires improvement.

Safe and clean care environments

Two out of the three houses were safe, clean, well equipped, well furnished, well maintained and fit for purpose. However, house 5 needed decoration and did not provide a therapeutic environment. Following the inspection, the service told us that there were now plans in place to redecorate the house. People using the service had been consulted.

Safety of the layout of the houses

Staff had completed environmental risk assessments for each house and the risks were captured on a risk management plan. For example, we saw that in the safe care area a ligature anchor point had been identified. Staff managed this by ensuring that there was always a member of staff in the areas when it was being used.

Levels of observation were based on individual needs and risk. CCTV was in use, which covered all communal and levels of the houses and concave mirrors were placed in areas difficult for staff to monitor with ease.

All staff were issued with alarms at the beginning of their shift. However, some staff had concerns that connectivity was not always good. In order to manage this risk, there were radios for use in each of the houses and although there had been some connectivity issues with wi-fi, the staff were also issued with radios as a back-up should the system fail.

Maintenance, cleanliness, and infection control

All the houses were clean and furnished suitably with secure furniture. However, house 5 required redecoration to make it a more pleasant and therapeutic environment.

We found staff followed infection control procedures, were aware of the infection control policy and understood this.

All cleaning records were up to date.

Seclusion room

The seclusion area consisted of two rooms, both large and spacious. One was used as a long-term segregation area and the other a full seclusion area adhering to seclusion room requirements. There was also a safe care suite.

At the time of the inspection the seclusion area was in use. The room only contained a mattress on the floor to manage the needs and risk of the person using it.

There was a clear two-way system for communicating, dimmer lights, music options, TV viewing from a protected panel and the option to use a console device when requested.

The panel system was of a good standard and accommodated all needs.

Our findings

There was a toilet and shower, the toilet area was shaded out on the observation panel to ensure privacy and dignity for the individual.

There was a clock visible to the person using the room.

At the time of the inspection the seclusion area was in use on a longer-term basis. Staff also used the long-term segregation suite safely to meet the needs of a person being cared for at the time.

Clinic room and equipment

The clinic room on house 5 had enough space to assess and examine people as needed. Staff checked, maintained, and cleaned equipment and there were ample handwashing facilities with infection control procedures well adhered to.

All essential equipment was present, had been tested and this was recorded in the clinic book. These items included an electrocardiogram machine, blood pressure monitor and general observation equipment. Staff had access to equipment for use in medical emergencies. Blood glucose testing kits were calibrated appropriately. Cleaning stickers were present on equipment and recorded in the clinic cleaning folder which was stored in the clinic room.

Houses 3 & 4 clinic rooms were smaller and crowded. Boxes of stock were placed directly onto the floor along with the emergency bags and resuscitation equipment, which posed an infection, prevention, and control risk.

On all three houses staff did not monitor the temperature of the clinic rooms or medication fridges consistently so were unaware of whether medicines requiring refrigeration were being kept at the correct temperature to ensure their efficacy.

Safe staffing

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

Nursing staff

During the inspection on the evening of 21 November, we found that staffing levels were lower than they should have been. There should have been two registered nurses to cover house 5 and there was only one, in addition, there should have been four support workers and there were only three. The team leader told us that the staff shortage on this shift was due to a member of staff not turning up for work and one staff member being sick. However, staff told us that they felt they did not have enough staff on each shift to meet the needs of all people in the house. Staff had raised this and although the team leaders were now spending more time on the houses, during our second site visit we saw lower staffing numbers in house 5.

However, staffing levels for each grade were discussed at the morning meeting and allocations made accordingly, the modern matron and team leaders could adjust staffing levels according to the needs of the people using the service.

Senior leadership team would provide support and engage in providing care when needed. On reviewing three months of staffing rotas (August to October 2022) we saw that all shifts had been filled.

Bank and agency staff were used to cover staff shortages and staff made attempts to ensure that regular bank and agency staff were used.

Our findings

Between October 2021 and October 2022, 37% of shifts were filled by substantive staff working an extra bank shift, 58% of shifts filled by trust bank only and 5% were filled by agency staff.

Managers made sure all bank and agency staff had a full induction and understood the service before starting their shift. All were trained in prevention and management of violence and aggression (PMVA) and their training was checked before they worked in the service.

The service was striving to recruit new staff and continued to advertise and do all it could to recruit. The service had recently increased the band 5 's to a band 6 pay scale in the hope this may attract staff to the service.

The service had enough daytime and night-time medical cover and a doctor available to go to the ward quickly in an emergency.

Managers made sure all locum staff had a full induction and understood the service before starting their shift. We spoke to Doctors who confirmed this was the case. Managers could call locums when they needed additional medical cover. Although currently they had enough medical cover in the service.

The service had increasing turnover rates. In October 2021 the staff turnover was 10% in October 2022 this had increased to 26.55%. Sickness levels were at 16.66% in April 2022 and decreased in September 2022 to 10.31%.

People receiving care told us they did not receive one to one sessions with their nurses as they were too busy doing other things. People told us they were bored at times, and they had limited choices of activity. However, the activities off the ward were more substantial and varied, for example, the recovery college and community resources.

People rarely had their escorted leave cancelled.

The service had enough staff on each shift to carry out any physical interventions safely when needed. Staff used a least restrictive practice approach prior to any physical interventions. Senior staff were available for support when restraint was needed and there was a response team should it be required. The record of restraints shows all restraints were undertaken correctly and within policy.

We observed a handover during our evening visit and information was shared with night staff. Risk was discussed for each person.

Mandatory training

The mandatory training programme was comprehensive.

Managers monitored mandatory training and alerted staff when they needed to update their training. There was also an alert for training updates on the e- learning system so people would know when the training update was due.

73% of staff had completed physical health training and 98% had completed safeguarding and 100% prevent training.

Assessment of risk to people receiving care

All people using the service received a risk assessment on admission to the services.

Our findings

Staff completed risk assessments using a holistic assessment and reviewed this regularly, including after any incidents. Multidisciplinary team meetings (MDTs) were held every two weeks and the consultant psychiatrist told us they took a lead to ensure updates were made when risks and plans needed changing. These were documented in the MDT minutes and individual's care plans and risk assessments.

The service used the Level of Service/Case Management Inventory (LS/CMI), an assessment tool that measures risk and need factors of adult offenders, with the learning disability population at Warren Court. This had been researched by the clinical psychologist and was used as a risk tool in conjunction with the initial HCR20.

All risk assessments we reviewed on inspection were up to date and had been reviewed regularly.

Management of people risk

We reviewed four sets of care notes and risk assessments including all relevant positive behaviour support plans and found that only one person had an up-to-date PBS plan. The PBS plan we reviewed did not detail an overall holistic approach to a person's care or the day to day understanding of people's behaviour and was mainly described how any challenging behaviours should be managed. A positive behaviour support plan is a document created to help understand behaviour and to support behaviour change in people with learning disabilities.

The clinical psychologist told us that they were working towards everyone having PBS training and this was planned for December 2022. However, at the time of the inspection staff had not received training and did not fully understand how they should implement PBS plans.

Risk assessments were reviewed at the MDT meeting every two weeks or following any incidents. People were involved in their risk assessment updates if they chose to be.

Staff had access to CCTV to monitor and review any incidents, or to support an audit of safe and supportive observations.

Staff followed trust policies and procedures when they needed to search people or their bedrooms to keep them safe from harm

Use of restrictive interventions

Levels of restrictive interventions were low. Staff were proud of how they kept levels low.

Staff only ever used restrictive interventions in order to maintain safety for individuals, other people who use the service and staff. Staff told us they would attempt other de-escalation techniques, (verbal, distraction,) before using any restrictive interventions.

Between August 2022 and October 2022 there were a total of 24 restraints involving 15 people in total, five in August, seven in September and three in October, there was one prone restraint used. The unit completed a fact-finding investigation and concluded that the one identified prone restraint was accidental and the person was released as soon as it was safe to do so.

Staff understood the Mental Capacity Act definition of restraint and worked within it. Staff told us they received their training for this and updates.

Our findings

Staff followed NICE guidance when using rapid tranquilisation. We reviewed rapid tranquilisation and found it to be low in use and did not see any evidence of its use during the inspection.

When a person was placed in seclusion, staff kept clear records and followed best practice guidelines. Seclusion records were comprehensive, and staff were aware of how to record and report these. We saw risk assessments and care plans for people utilising the seclusion resource.

Safeguarding

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

Staff received training on how to recognise and report abuse, appropriate for their role.

Staff were kept up to date with their safeguarding training. This was at 98% throughout the service.

Staff we spoke to were clear about what abuse was and how to safeguard someone from all aspects of abuse, including people with protected characteristics under the Equality Act.

Staff followed clear procedures to ensure children visiting the houses safe were kept safe. There were no children allowed in the houses but an alternative area away from the houses was available for families to use. People using the service usually saw their visitors in the meeting room (separate from the houses). Where possible, people would utilise Section 17 leave to see children within their family. If this could not be facilitated, visits with children were held in the room adjoining the meeting room, which could be set up to comfortably facilitate child visits safely.

Staff were able to explain to us how they would make a safeguarding referral, to whom and how. The social worker for the service was involved in the safeguarding management.

Staff could give clear examples of how to protect people receiving care from harassment and discrimination, including those with protected characteristics under the Equality Act. Staff were aware of how to protect people from harassment and discrimination, they were able to demonstrate that they could intervene if there were concerns about vulnerable people and could adjust risk plans accordingly. They told us that if there were any situations within the houses between peers or staff and people using the service these would be dealt with and recorded immediately.

Serious case reviews were attended by senior staff and MDT members were present along with any outside agencies involved in the care/case.

Staff access to essential information

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

Staff had access to essential (including clinical) information using their electronic recording system. Paper notes were also available in the filing cabinet in the office. Records were stored securely.

When people receiving care transferred to a new team, there were no delays in staff accessing their records.

Our findings

People's notes were comprehensive, and all staff could access them easily. We reviewed notes which highlighted the staff were recoding accurately, and that they had access to the electronic notes and paper notes. All documents we viewed were up to date and regularly reviewed.

Medicines management

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

Staff completed medicines records accurately and kept them up to date. The service had systems and processes to safely prescribe, administer, and record medicines. However, these were not always being followed.

On all three houses staff did not monitor the temperature of the clinic rooms or medication fridges consistently, so were unaware whether medicines requiring refrigeration were being kept at the correct temperature to ensure their efficacy.

We did not see any evidence of recent records of recent rapid tranquilisation use during this inspection.

Staff completed medicines audits every three months. However, the audits had not identified some issues that we found. For example, a person requiring medicines for a physical health issue had not been given these as needed.

Staff did not always follow medicines care plans, which meant that a 'when required' medicine was not given as per instructions.

Staff ordered medicines from an external pharmacy contractor who delivered them to the houses by the next working day. If medicines were required out of hours, staff could send prescriptions to a local community pharmacy.

Controlled drugs were stored and managed appropriately. Staff completed quarterly 'controlled drugs' and 'safe and secure storage of medicines' audits.

We saw that medicines administration times were altered to suit people and minimise the risk of missed doses.

Staff reviewed each person's medicines regularly and provided advice to people and carers about their medicines. A clinical pharmacist attended handovers, ward rounds, multidisciplinary team meetings and completed weekly prescription chart checks.

Staff stored and managed all medicines and prescribing documents safely. Medicines related documents were stored in locked areas. Staff had pictures of consenting service users with the prescription charts to assist in identifying them. Staff learned from safety alerts and incidents to improve practice. We saw that medicines incidents were logged electronically. Staff completed investigations for each incident and ensured that learning was shared with all staff to minimise reoccurrence.

The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines.

Staff reviewed the effects of each person's medicines on their physical health according to NICE guidance. We saw that a medicine requiring blood monitoring was stopped as the person did not consent to blood tests. Staff wanted to protect the person from potential harm that could go undetected without regular blood tests.

Our findings

Staff followed national practice to check people had the correct medicines when they were admitted, or they moved between services.

The doctor on duty would write up the medication charts and tablets to take out were ordered by nursing staff when people were going on leave or transferring in or out of the service.

Track record on safety

Reporting incidents and learning from when things go wrong

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

Staff knew what incidents to report and how to report them. Staff raised concerns and reported incidents and near misses in line with trust/provider policy. All staff were aware of how they should report incidents and near misses. Staff reported serious incidents clearly and in line with trust policy. Staff were aware of the policies and where to locate them. The service had no never events on any of the houses.

Staff understood the duty of candour. They were open and transparent, but we were told that staff did not always give people and families a full explanation if and when things went wrong.

Managers debriefed and supported staff after any serious incidents. Staff were confident in that this did occur most of the time however, we were made aware of some staff who were not fully supported on their return to work following incidents.

Managers investigated incidents thoroughly and involved people and their families as needed.

Staff received feedback from investigation of incidents, both internal and external to the service. This was implemented at the support forums, during supervision or at a debriefing session.

Is the service caring?

Good  

Our rating of caring went down. We rated it as good.

Kindness, privacy, dignity, respect, compassion and support

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

We saw that staff were caring, kind and discreet in working with the people who use the service. They provided people with help and emotional support, and we saw this during our observation sessions on the ward.

Staff supported people who use the service to attend specific activities and engage with services that could help them. For example, there were online courses available to attend and the staff would support them to engage in these to

Our findings

benefit them in activities they enjoyed and had identified themselves. For example, one person using the service had requested a specific therapy which was not usually available. Staff supported them to submit a request for funding and develop a presentation for the funding committee. The person was successful in accessing the therapy and was very proud of their achievements’.

People who used the service said staff treated them well and behaved kindly.

Staff felt that they could raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes towards people who receive care.

Staff followed policy to keep people’s information confidential and supported the people using the service to understand their condition, offering individual time and information that could help them.

There was a recovery college on site which was available to all people using the service. Members of the MDT facilitated individual needs led sessions on a timetabled basis to ensure each person was given the opportunity to participate in identified activities of their choice.

Involvement in care

Staff involved people in care planning and risk assessment and actively sought their feedback on the quality of care provided. They ensured that people receiving care had easy access to independent advocates. However, information about advocacy services was not clearly displayed.

Involvement of people receiving care

People being admitted or transferring into the service were involved in their risk assessment and care planning on admission and on an ongoing basis.

All people using the service were offered a copy of their care plan which they could keep or could easily access should they wish.

Regular ward meetings were held, and people were invited to join these to contribute to discussions.

Senior management told us that there was a weekly advocacy service available, but when we spoke to people using the service, they said they did not know how to access it or what it was. On House 5 that there were no posters, easy read, or written information about advocacy services.

However, people told us there was no way for them to give feedback about how they felt about their care and treatment, and they also said they were not always involved in decisions about the service.

Involvement of families and carers

Staff did not always involve families and carers appropriately.

We received a mix of comments from family members and carers about their involvement in their loved one’s care. Some said they were involved in most of the care while others said they had no contact and felt they were not informed or involved in the care provided. Some carers and family members said they would like more involvement in the care planning and contact with staff. Some told us that staff had offered information on how to access a carer’s assessment.

Our findings

Carers and family members told us that they were pleased that the carer's forum was starting up again after a long break due to the covid pandemic. An open day had been held the weekend before we inspected, and the modern matron told us it was well attended and that the feedback at the end of the day was positive.

Is the service well-led?

Good ● ↓

Our rating of well-led went down. We rated it as good.

Leadership

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

Leaders in the service regularly supported staff with the delivery of clinical care, they role modelled positive behaviours and were well respected by staff. Managers and team leaders met every morning to establish staffing needs and any outstanding issues from overnight. This was presented in the form of 24-hour reports, and detailed incidents, actions taken, and de-escalation used.

Managers had developed a forum for staff to attend and speak freely about their concerns and given feedback on how the service delivery and developments. Coffee mornings with the clinical matron had been held since April 2022.

Staff told us that managers were visible, and people using the service were aware of the management team, who they were and that they could talk with them.

Vision and strategy

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

Not all staff we spoke to were aware of the providers vision and values. However, they were aware of the principles which they demonstrated in their knowledge and understanding of the needs of the people they cared for. Staff put people at the centre of all they did. Staff spoke highly of their opportunities to develop and train within the service and were keen to progress in their roles.

Culture

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

Staff felt the Trust promoted equality and diversity.

The service provided good prospects for professional development and career progression. Managers and staff told us of plenty of workforce development opportunities including graduate and post graduate degree funding, care staff being supported into nurse training, nursing associate roles.

Our findings

Although we had concerns raised with us prior to inspection about the culture of the service and staff not feeling valued during the inspection we found that staff generally felt valued and supported. However, concerns were raised to us about not having enough staff on each shift to provide the care that staff would want to meet individual's needs.

Governance

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

However, we found that although there were some audits taking place these were not always effective at identifying issues, for example, some missed medicines were not identified and therefore action to make improvements was not being progressed.

We found that there was limited information displayed for people on the ward, for instance, no signposting for advocacy and this had not been identified as a concern.

Managers had not ensured that all staff were trained in developing and implementing PBS plans effectively.

Managers had not picked up that clinic and fridge temperatures were not being recorded regularly and accurately so could not clearly identify if medicines were being kept in accordance with safe practice.

Management of risk issues and performance

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

The service had an overall risk register, which covered high risk areas of the houses and described controls and mitigations to manage the risks. However, it did not identify some of the issues we found on inspection relating to the oversight and governance of the services.

Managers were implementing the Level of Service/Case Management Inventory (LC/CMI) assessment tool to ensure the service could manage offending behaviour for people with learning disabilities effectively.

Information management

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

Engagement

Managers engaged actively with other local health and social care providers to ensure that an integrated health and care system was commissioned and provided to meet the needs of the local population. Managers from the service participated actively in the work of the local transforming care partnership.

We saw evidence that the service engaged with the wider trust and outside agencies in seeking integrated health care for the people using the service. GPs regularly attended the service to see people at the service. Local services came into

Our findings

the service to provide a range of activities, such as equine therapy. In addition, staff facilitated people using the service to access local gyms, cinemas, shops, and public transport. The service was actively seeking engagement from an external professional who could support some of the people using the service who had specific physical health care needs.

Learning, continuous improvement and innovation

The matron and service line lead explained about their plans for a new sensory room which was in its final stages of completion, and they were hoping this would be completed by December. They had successfully secured funding from NHS England. Staff were very proud of this development.

Following a staff survey last year, managers had introduced staff forums to support staff to raise issues and support their learning. They had secured speakers from the wider trust to help staff learn more about relational security and other related issues. In addition, an away day had been held with plans to hold more and e-rostering had been introduced. Monthly coffee mornings have been set up and ideas raised at these were taken forward to the management meeting for action.

Warren Court is part of the Quality Network for Forensic Mental Health Services. A peer review was undertaken in March 2022 and the service fully met 76% of the revised standards for forensic mental health services for low and medium secure care.

Our findings

Areas for improvement

Action the trust **MUST** take is necessary to comply with its legal obligations. Action a trust **SHOULD** take is because it was not doing something required by a regulation but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

Action the trust MUST take to improve:

The trust must ensure that all people using the service have a PBS plan which clearly identifies how staff can best meet a person's holistic needs and manage behaviours safely and effectively. (Regulation 12, (2) (a)(b))

The trust must ensure that there is proper and safe management of medicines. (Regulation 12, (2) (g))

The trust must ensure that all house 5 environment is well maintained, decorated appropriately, and provide a therapeutic environment for people using the service. This includes ensuring safety, comfort, privacy, dignity, and free access to fresh air. (Regulation 15, (1) (e))

SHOULD

The trust should consider reviewing whether the staffing levels on each of the houses are adequate to ensure there are enough suitably qualified, skilled, and competent staff deployed to meet the needs of all people using the service.

The trust should ensure that ward activities are provided regularly, including during the evening and at weekend.

The trust should ensure that it progresses the implementation of the carers forum and other methods that allow carers and families to feedback about the service and the care their loved ones receive.

The trust should ensure that all governance process operate effectively in order to provide clear oversight of improvements that are required.

Our inspection team

Our inspection team was made up of an inspection manager, 2 inspectors, a medicines inspector, a specialist advisor with a nursing background and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our expert by experience worked remotely to interview carers and family members.

During our inspection, the team:

- Spoke with the modern matron of the service
- Spoke to the service line lead who oversees 5 services within the Trust
- Spoke with the psychiatrist who oversees care at Warren House
- Spoke with the psychologist
- Spoke with the occupational therapy (OT) lead for Hertfordshire, and OT assistant who works on the Houses as well as in the Recovery college
- Spoke with a student nurse
- Spoke with 4 healthcare assistants, some of whom were agency staff
- Spoke with the ward clerk
- Spoke with 6 people who use the service
- Spoke with the social worker who is based at the service on a full-time basis
- Spoke to 4 family members/carers of people who use the service
- Reviewed 4 sets of care notes both electronic and paper
- Reviewed all the health monitoring charts on all of the houses
- Reviewed the medication cards
- Looked at all the clinic rooms on each of the houses
- Attended one morning and one evening handover between House staff, managers, and night staff
- Observed engagement of activities on the houses between people who use the service and staff.

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

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

Treatment of disease, disorder or injury

Regulation

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

Regulated activity

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

Treatment of disease, disorder or injury

Regulation

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment