Elysium Healthcare Limited

Arbury Court

Inspection report

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

Ratings

Overall rating for this location	Requires Improvement
Are services effective?	Good
Are services responsive to people's needs?	Good

Summary of findings

Overall summary

Our rating of the forensic inpatient or secure wards stayed the same. We rated it as requires improvement because:

- At a previous inspection in August 2023 we found that safe and caring required improvement.
- Not all patients had an up to date consent to treatment in line with the Mental Health Act Code of Practice.
- The documentation of and response to complaints was not in line with the provider's policy and could be improved.

However

- Staff developed holistic, recovery-oriented care plans informed by a comprehensive assessment. They provided a range of treatments suitable to the needs of the patients and in line with national guidance about best practice.
- The ward teams included or had access to the full range of specialists required to meet the needs of patients on the wards. Managers ensured that these staff received training, supervision and appraisal. The ward staff worked well together as a multidisciplinary team and with those outside the ward who would have a role in providing aftercare.
- Staff understood and mostly discharged their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.
- Staff worked with commissioners and other providers to support patients to move onto a suitable placement on discharge.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Forensic inpatient or secure wards	Requires Improvement 	See the summary above for details.

Summary of findings

Contents

Summary of this inspection

Background to Arbury Court

Arbury Court is an independent hospital, part of Elysium Healthcare Limited and was registered with CQC on 21 October 2016. The service has a registered manager in post.

Arbury Court is registered to provide the following regulated activities:

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

The hospital has up to 82 beds for women aged over 18 years with mental health needs. All patients are detained under the Mental Health Act.

The hospital provides two core services: Forensic inpatient or secure wards (5 wards); Acute wards for adults of working age and psychiatric intensive care units (1 ward).

There are 44 low secure beds across 3 wards:

- Daresbury ward has 15 beds
- Hartford ward has 14 beds
- Alderley ward has 15 beds.

There are 27 medium secure beds across 2 wards:

- Delamere ward has 12 beds
- Oakmere ward has 15 beds.

There is 1 psychiatric intensive care unit:

- Primrose ward has 11 beds.

The service was last inspected in August 2023. We rated safe and caring as requires improvement, and well-led as good; but did not inspect effective or responsive.

A previous inspection in May 2022 rated effective as requires improvement and responsive as good. The service had requirement notices with regards to specialist staff training and supervision, which it has now addressed.

What people who use the service say

Most patients we spoke with were generally positive about staff, and had staff they could talk with and felt supported. They had access to psychology and occupational therapy. Patients attended their multidisciplinary team meetings, and were generally positive about these. Some patients were not happy about being in the hospital. Some patients said there were delays in getting feedback following assessments or if there were changes to their leave.

Summary of this inspection

Patients were generally aware of their care plans, although their level of involvement varied. Most patients were aware of their rights under the Mental Health Act. Patients were generally aware of their discharge plans, particularly on the low secure wards. Patients had access to physical healthcare including a GP and practice nurse.

Patients with a learning disability or autism had mixed views about how much staff were able to support them. Some patients were positive, others thought staff tried hard but did not always have the necessary skills, and others thought that the service did not take this into account.

Patients were supported to keep in touch with their families.

There were mixed views about activities in the hospital. Some patients were positive about the activities available, but others said there was a timetable which often did not happen, or that the activities were boring. Many patients had access to leave, and some patients to education and work-based opportunities, within and outside the hospital.

Patients were generally aware of the advocacy service and were positive about this. Patients knew how to make a complaint or raise concerns. There was mixed feedback about patients' satisfaction with the outcome of complaints.

Patients had mixed views about the food provided by the service. Some patients liked it but others did not or said that the quality and choice offered varied. Patients had access to snacks. Some patients told us that snacks were restricted on some wards, to help patients manage their weight.

How we carried out this inspection

This was a focused unannounced inspection, in response to concerns about the service. We inspected the effective and responsive domain, in the forensic inpatient or secure wards core service.

Before the inspection visit we reviewed information that we held about the service.

During the inspection visit we:

- visited all 5 forensic wards, looked at the ward environments and observed how staff were caring for patients
- spoke with 18 patients
- spoke with 43 staff
- spoke with the registered manager
- spoke with advocates
- reviewed care records of patients, and other care related documents including care plans and positive behavioural support plans
- attended 3 meetings
- looked at a range of policies, procedures and other documents relating to the running of the service.

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

Summary of this inspection

Areas for improvement

Action the service MUST take is necessary to comply with its legal obligations. Action a service 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 service SHOULD take to improve:

- The provider should ensure that all patients have their consent to treatment reviewed in accordance with Mental Health Act Code of Practice. (Regulation 11)
- The provider should ensure that all complaints are documented and responded to appropriately, and in keeping with their policies.
- The provider should consider further improvement of the positive behavioural support plans, so they are fully informed by a more detailed formulation of patient's needs and reviewed through an improved functional analysis, especially for those patients who could not or declined to be involved.

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Forensic inpatient or secure wards	Not inspected	Good	Not inspected	Good	Not inspected	Requires Improvement
Overall	Not inspected	Good	Not inspected	Good	Not inspected	Requires Improvement

Requires Improvement

Forensic inpatient or secure wards

Effective	Good
Responsive	Good

Is the service effective?

Good

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

Assessment of needs and planning of care

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

Staff completed a comprehensive mental health assessment of each patient before and after their admission. When a person was referred to the service, detailed information was requested from the referring service about the patient and their needs. The patient was assessed, usually in person, by at least 2 members of the team – typically a consultant psychiatrist and another member of staff. The information was reviewed in the daily multidisciplinary meeting, to determine what the person's needs were, what the care pathway was, and if the service could meet their needs. Managers also took account of the acuity and the patients already on the ward, when determining if a further admission was suitable.

All patients had their physical health assessed on admission and regularly reviewed during their time on the ward. This included in relation to short term illnesses or injuries, long term conditions, and to support the safe management of medicines and their effects. The service had a practice nurse supported by a healthcare assistant, and a GP who held a weekly session in the hospital.

Staff developed a comprehensive care plan for each patient that met their mental and physical health needs. Care plans were generally personalised, holistic and recovery-oriented. They included mental and physical health needs, risk management, recovery work and discharge planning.

Staff regularly reviewed and updated care plans when patients' needs changed. The service had a care records dashboard, which gave an overview of key information, and could identify where there were gaps.

The positive behaviour support (PBS) plans we reviewed were patient-centred and reflected the voice of the patient. They focused on how staff could help to prevent escalation of distress, recognition of triggers and steps to reduce risk and support patients if they were distressed. They were easy to understand by staff new to the ward.

The PBS plans for people with a learning disability or autistic people, showed good patient involvement and took account of the person's learning disability or autism. However, the PBS plans were nursing led, and did not always include a functional analysis of the person's behaviour. A functional analysis is usually carried out by a psychologist,

with the purpose of understanding the underlying causes, or function, of a behaviour. This would improve the PBS plans for people who were unable or chose not to engage with their assessment and plans. This had been reviewed by the service, and on some of the wards the psychology team were carrying out functional analysis of patients to feed into the PBS plans.

Care plans reflected a good understanding of people's needs, including relevant assessments of people's communication support and sensory needs. Care plans included specific assessments and care plans for people with a learning disability or autism. This included communication plans, and consideration of STOMP (stopping over medication of people with a learning disability, autism or both) in accordance with national guidelines. Patients also had hospital passports, with information to support them if they went to an acute hospital. Easy read versions of care plans were available for patients where required.

Best practice in treatment and care

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

Staff provided a range of care and treatment suitable for the patients in the service. Staff delivered care in line with best practice and national guidance, from relevant bodies such as the National Institute for Health and Care Excellence (NICE) and NHS England.

Care plans included references to research and NICE guidance. There were detailed psychology and occupational therapy plans to support recovery, which demonstrated the progress the patient had made in the service. The service followed a recovery model, which focused on individualised risk management and moving on. Care records mostly showed evidence of patient involvement, and taking account of the person's needs including for people with a learning disability or autistic people.

All patients had an initial psychology assessment on admission, and further assessment and interventions as required. Psychology staff used various recognised evidence-based tools as part of their assessment, including the Historical, Clinical and Risk Management – 20 (HCR-20) and the Short-Term Assessment of Risk and Treatability (START). The psychology team had a trauma informed approach, and were qualified to provide various treatments, which they used depending on the needs of the patient. This included eye movement desensitising and reprocessing (EMDR) therapy, cognitive analytic therapy (CAT), and schema therapy. Staff were also trained in dialectical behaviour therapy (DBT), which is commonly used for people with a personality disorder, but the DBT programme was currently paused.

The occupational therapy team also used a variety of assessment tools and outcome measures with patients and were reviewing the lifestyle tools that they used. They were introducing the use of the Vona du Toit Model of Creative Ability (VdTMOCA) tool which had been implemented at some other secure hospitals and looks at reducing the use of restrictive practices and interventions.

An occupational therapist was trained in the Autistic Diagnostic Observation Schedule (ADOS), to support their work with autistic people. The occupational therapy team did not have a dedicated sensory needs therapist, but staff were trained in sensory needs assessment.

Staff identified patients' physical health needs and recorded them in their care plans. Staff made sure patients had access to physical health care, including specialists as required. The service had a practice nurse and a healthcare

assistant. The practice nurse was a non-medical prescriber and carried out healthcare screening (such as smear tests) and vaccinations, such as against flu and COVID. An external GP held a session at the hospital each week, facilitated by the practice nurse. Patients were referred to and supported to attend specialist and secondary care appointments for assessment and treatment outside the service when required. Patients who were on specific medicines, or high dosages, had additional physical health monitoring that followed national guidance.

Health assessments were routinely carried out when required. This included the QRISK3, a NICE validated tool, which predicts the risk of cardiovascular disease, and venous thromboembolism (VTE) assessments.

Staff met patients' dietary needs and assessed those needing specialist care for nutrition and hydration. Patients had their weight monitored, and additional monitoring was carried out if required, such as the Malnutrition Universal Screening Tool (MUST). There were several patients in the service who had a high body mass index (BMI). This is an acknowledged issue in secure services, and the service had a protocol for this that reflected national guidance. The provider had a dietitian who worked across the region although they only had direct involvement with patients who had a BMI of 50 or over. A healthy eating programme that was implemented by other staff was available for patients with a BMI of 40 or over. The hospital menus included healthy eating options which were clearly marked.

Staff helped patients live healthier lives by supporting them to take part in programmes or giving advice. Patients could attend a structured healthy eating course that provided them with information and advice. The occupational therapy team included a wellbeing coach who promoted physical fitness and wellbeing activities, which could be tailored to all levels of fitness.

Staff used recognised rating scales to assess and record the severity of patients' conditions and care and treatment outcomes. This included the Health of the Nation Outcome Scales (HONOS) which is a routine measured use across mental health services in England. Staff used National Early Warning Score 2 (NEWS2) to record and monitor patients' physical health observations such as blood pressure and temperature. Staff monitored the side effects of medicines using the Liverpool University Neuroleptic Side Effect Rating Scale (LUNSERS) and the Glasgow Antipsychotic Side-effect Scale (GASS).

Managers were aware of the principles of 'Right support, right care, right culture', a document that outlines expected standards for services providing care for people with a learning disability or autistic people. The provider and commissioners acknowledged that Arbury Court was not the most suitable service for some patients with a learning disability or autism. Managers and staff were working with commissioners and patients' local care team staff to find alternative placements for these patients. At the time of inspection there were 12 patients across all five wards who had a secondary or primary diagnosis of a learning disability or autism. This had more than halved since the inspection in May 2022, as people had been successfully moved on from the service.

Patients with a learning disability or autism, who were from England, had had a Care and Treatment Review (CTR). These are not a required for patients from Wales or Northern Ireland. A CTR is a review of people with a learning disability or autistic people, who are inpatients, and broadly looks at the current care provided and how the patient can be moved out of hospital in the future. Patients had had a CTR completed, and actions were identified from these.

Staff took part in clinical audits, benchmarking and quality improvement initiatives. The service was part of the Restraint Reduction Network (RRN), and their prevention and management of violence training (which included the use of physical restraint) was accredited as meeting the RRN standards.

Requires Improvement

Forensic inpatient or secure wards

Skilled staff to deliver care

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

The service had access to a range of specialists to meet the needs of the patients on the ward. This included occupational therapy, psychology and social work. The psychology team included clinical psychologists, forensic psychologists, psychology assistants and trainees. The occupational therapy team included qualified occupational therapists, in addition to a wellbeing coach and a work opportunity/vocational trainer. There were a small number of vacancies for allied health professionals and social workers. There was not a dedicated sensory occupational therapist, but two of the occupational therapists had completed sensory training.

A speech and language therapist (SALT) was employed directly by the service, and there was a vacancy for a physiotherapist that was being recruited to. A dietitian worked across the region, providing general advice and support, and working specifically with patients who had a body mass index (BMI) of 50 or higher. There were over 10 patients at Arbury Court who met this threshold. This work was carried out jointly with the occupational therapy team.

Managers ensured staff had the right skills, qualifications and experience to meet the needs of the patients in their care, including bank and agency staff. Managers gave each new member of staff a full induction to the service before they started work on the wards. All staff completed a period of induction. This was a mix of general and service-specific training and information. It included practical information, training on meeting patients' needs (such as working with people with a personality disorder), patient-centred care and awareness of closed cultures, and specific training such as basic life support, positive behaviour support, safeguarding and conflict resolution. Induction programmes were held once or twice a month. Staff received additional support throughout their initial probationary period. Newly qualified nurses had access to an Elysium-wide Preceptorship Academy, to support them through their early working career. This included four 3-day training blocks over a period of a year.

Managers supported staff through regular, constructive clinical supervision of their work. On average 90% of ward staff, 90% of medical staff, and 97% of allied health professionals/social workers were up to date with their supervision. Staff also had access to reflective practice sessions with the psychology team.

Managers supported staff through regular, constructive appraisals of their work. On average 90% of ward staff, and 94% of allied health professionals/social workers, and all medical staff were up to date with their appraisal.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. Managers had implemented a quarterly "Down Tools Day". This gave staff the opportunity to meet within their ward teams, and within their professions to review how they were working, and to make plans for their future direction.

Managers made sure staff received any specialist training for their role. Many patients at Arbury Court had complex mental health needs and/or a personality disorder, and severe self-harming behaviour was not uncommon. 80% of staff had received training on working with people with a personality disorder, 86% of staff had completed positive behaviour support training, 89% of staff had completed training about self-harm and suicide, and 90% of staff had completed trauma informed care training. This training was part of the induction programme for new staff. There was a rolling programme of training for existing staff, which was expected to be completed in January 2024.

Managers recognised poor performance, could identify the reasons for this, and dealt with this appropriately.

Multi-disciplinary and interagency team work

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

Staff held regular multidisciplinary meetings to review patients and improve their care each week. Each patient typically had a multidisciplinary team meeting fortnightly when they were first admitted, and then monthly after 3 months. Their first Care Programme Approach (CPA) meeting was usually held 3 months after admission, and then every 6 months. CPA meetings usually involved family, staff and commissioners to review the patient's care and discharge planning arrangements.

Staff made sure they shared clear information about patients and any changes in their care, including during handover meetings. Daily handover meetings took place at the beginning and end of each shift. Managers and lead clinicians attended a daily multidisciplinary team meeting to review significant events from the previous day. This included signing off incidents, identifying any potential safeguarding concerns, and following up on any actions. New referrals to the service were also discussed.

Ward teams had effective working relationships with other teams in the organisation. Ward staff and allied health professionals and social workers worked together across the hospital. A GP provided a weekly session in the hospital, facilitated by the practice nurse.

Ward teams had effective working relationships with external teams and organisations. The social work team had established links with the local authority including the safeguarding teams. Where necessary they participated in local risk meetings, including multi-agency public protection arrangements (MAPPA) and multi-agency risk assessment conferences (MARAC).

The service had developed a care pathway with an acute hospital, to support patients attending for treatment following self-harm. This had not always worked effectively, but both parties were working together to resolve this.

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

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

Staff received, and kept up to date, with training on the Mental Health Act and the Mental Health Act Code of Practice and could describe the Code of Practice guiding principles. Staff had access to support and advice on implementing the Mental Health Act and its Code of Practice. Staff knew who their Mental Health Act administrators were and when to ask them for support. The service had clear, accessible, relevant and up-to-date policies and procedures that reflected all relevant legislation and the Mental Health Act Code of Practice.

Patients had easy access to information about Independent Mental Health Advocates (IMHA). The advocates routinely visited the wards. They met with patients individually and supported them in multidisciplinary team meetings and care programme approach meetings. Patients who were secluded or placed in long term segregation were automatically referred to the advocacy service.

Staff explained to each patient their rights under the Mental Health Act in a way that they could understand, repeated this as necessary, and recorded it clearly in the patient's notes each time. Information was provided in an easy read format when necessary.

Managers and staff made sure the service applied the Mental Health Act correctly by completing audits and discussing the findings. The Mental Health Act administration team had a tracker for recording critical dates, such as renewals, consent to treatment, and tribunals/managers' hearings. Staff also carried out a quarterly audit. The Mental Health Act administrators sent reminders to staff when renewals and consent to treatment was due. The audits showed that most of this was up to date. However, there were six patients whose consent to treatment was overdue. Audits in October and November 2023 had identified this, and the provider had made progress on its action plan to address this. The Mental Health Act administration team ensured all Mental Health Act paperwork was stored correctly.

Staff made sure patients could take section 17 leave (permission to leave the hospital) when this was agreed with the Responsible Clinician and/or with the Ministry of Justice.

Staff requested an opinion from a Second Opinion Appointed Doctor (SOAD) when they needed to.

Good practice in applying the Mental Capacity Act

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

Staff received, and were up to date, with training in the Mental Capacity Act and had a good understanding of at least the five principles. There was a clear policy on the Mental Capacity Act, which staff could describe and knew how to access.

Staff assessed and recorded capacity to consent clearly each time a patient needed to make an important decision. Staff gave patients all possible support to make specific decisions for themselves before deciding a patient did not have the capacity to do so. When staff assessed patients as not having capacity, they made decisions in the best interest of patients and considered the patient's wishes, feelings, culture and history. Staff could access expert and legal advice within Elysium if complex decisions needed to be made.

Best interest decisions had been made with regards to a range of areas that included self-care, physical health, medicines and attending hospital appointments. These were well documented, included the patient's view, and the outcome. The outcomes varied, with some patients being deemed to have capacity to make a specific decision, but others did not. If patients did not have capacity, then a best interest decision was made on their behalf.

All patients were detained under the Mental Health Act, so there had been no patients held under the Deprivation of Liberty Safeguards (DoLS). However, the use of DoLS was discussed for some patients who may not have the capacity to decide on their future accommodation when they were discharged from hospital.

Staff ensured that an Independent Mental Capacity Advocate (IMCA) was available to help people if they lacked capacity to make decisions for themselves and they had nobody else to represent their interests. IMCAs did not routinely visit the service but were requested when required.

Staff were aware of people's capacity to make decisions through verbal or non-verbal means, and this was documented. This included supporting patients with the use of communication cards.

Requires Improvement

Forensic inpatient or secure wards

Is the service responsive?

Good

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

Access and discharge

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

Bed management

Managers regularly reviewed the length of stay for patients to ensure they did not stay longer than they needed to. The average length of stay for current inpatients at the end of September 2023 was 839 days, and for patients who had been discharged the average length of stay was 996 days.

Patients were moved between wards only when there were clear clinical reasons or it was in the best interests of the patient. Gatekeeping assessments, which determined the level of security a person required, were carried out by an external team. There was a process for transferring patients between wards at Arbury Court, whether between wards of the same or differing level of security. Staff did not move or discharge patients at night or very early in the morning.

If a person was not from the local area staff supported them, in line with their wishes, to have regular contact with family, friends or an advocate. Patients were admitted from across the United Kingdom, and included people from England, Wales and Northern Ireland.

The service had a number of patients who had a primary or secondary diagnosis of a learning disability or autism. The service had reviewed its admission criteria to ensure that it could meet the needs of its patients. This did not exclude patients with a learning disability or autism if a mental illness or personality disorder were their primary diagnosis.

Discharge and transfers of care

Managers monitored the number of patients whose discharge was delayed, knew which wards had the most delays, and took action to reduce them. At the time of inspection there were 7 patients who were ready for discharge, or waiting to be moved to a more suitable placement. Managers and staff were liaising with commissioners and each patient's local team to find a suitable place for them. There were some difficulties in finding placement for patients that could meet their needs, or others had a placement but it had a long waiting list. Managers had an escalation process both within Elysium, and externally to NHS England. There were several patients with a learning disability or autistic people, for whom it was difficult to find a place that could meet their needs. A strategy meeting involving staff from Arbury Court and commissioners, had been established to expedite this process. There had been some success with this, leading to patients being discharged and moved on to a more suitable placement.

Managers regularly reviewed patient's length of stay to ensure they did not stay longer than needed. Staff carefully planned patients' discharge and worked with commissioners and care managers to make sure this went well. Staff supported patients when they were referred or transferred between services. All patients had regular Care Programme

Approach (CPA) meetings. These were usually held 3 months after admission, and then every 6 months. These were detailed, and involved the patient and their families, commissioners, and care co-ordinators from the patient's local area. Patients may be from anywhere in the United Kingdom, so staff took account of their views about the area they wanted to live.

Facilities that promote comfort, dignity and privacy

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

Each patient had their own bedroom, which they could personalise. All bedrooms were individualised with ensuite facilities. The items that patients had in their rooms were individually risk assessed for each patient. Some patients' bedrooms were very personalised with lots of their belongings. Other patients had fewer items and sometimes sterile bedrooms with very limited items, because of the potential risks these presented to their own safety.

Patients had a secure place to store personal possessions. There was both open and lockable storage in each patient's bedroom, and secure lockers elsewhere on the ward for restricted items, that were accessible with support from staff.

The service had a full range of rooms and equipment to support treatment and care. Staff and patients could access the rooms. There were areas for group and individual therapy sessions, and for activities both on and off the wards. There was an onsite gym, hairdressing salon, and multifaith room.

Patients gave mixed feedback about the activities available. Some patients told us there was lots to do, others said it was boring or they were not interested in what was on offer. The occupational therapy team monitored the meaningful activity programme, and had completed an "interests" checklist with patients. Many patients had access to leave outside the ward and hospital. During our inspection there were thematic events happening, that included preparing for Christmas. There were regular activities in the hospital that included exercise, crafts, education, and cooking.

The design, layout and furnishings of the wards was not specifically tailored to meet the needs of patients who has sensory needs or sensitivities. However, some patients had had their bedrooms adapted and furnished to support this.

The service had quiet areas and a room where patients could meet with visitors in private. There were dedicated visiting rooms in communal areas outside the wards, and outdoor areas where patients could meet their visitors. There was a visiting area for children.

Patients could make phone calls in private. Each ward had a cordless or mobile phone that patients could use. Most patients had their own mobile phone, though these were not usually smart phones. Patients were individually risk assessed as to when they had access to their phone. Some patients had a smartphone they could use outside the hospital.

The service had outside spaces that patients could access. All of the wards had direct access to outdoor space. However, the doors to the outdoor areas were open on some of the wards, and locked on others. Managers told us this was because of the risks presented by some of the patients, and the need for appropriate staff supervision.

Patients had access to hot and cold drinks and snacks. The kitchen was open on some of the wards, but not on others. Managers told us this was due to the risks presented by some of the patients. All patients had storage for their own snacks, but access to these varied between wards. On Oakmere ward, all patients were limited to 14 snacks each week. Staff and patients told us this had been discussed in the community meetings, and agreed with the patients to help support them with a healthy diet.

The service offered a variety of food choices. Patients gave us mixed feedback about the quality and choice of the food. There was a 4-week rolling menu, that included a choice of hot and cold meals each day, including healthy, vegetarian, gluten-free, and finger food options.

Patients' engagement with the wider community

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

Staff made sure patients had access to opportunities for education and work. The service had an education and work opportunities lead who encouraged, facilitated and supported patients in this area. There were work opportunities within the hospital that included working in the outdoor café or hairdressing salon, and cleaning. 30 of these positions were filled by 15 patients. Several patients volunteered at charity shops in the community. Some patients had completed a 6-week programme at a safari park, which included learning about and helping support the animals.

Many patients had leave outside the hospital, which they may use to go shopping or to eat out. There were group activities outside the hospital. During our inspection, many patients had been or were going to see Blackpool Illuminations.

Staff helped patients to stay in contact with families and carers. The social work team led on supporting people to stay in touch with their families and facilitated visits. Patients also maintained contact with their families through phone and video calls. Some patients met with their families in the community or went on regular or occasional home leave.

Meeting the needs of all people who use the service

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

The service could support and make adjustments for disabled people and those with communication needs or other specific needs. Patients with physical health and mobility needs had been assessed by the occupational therapy team. They were provided with appropriate aids and support such as wheelchairs, walking aids, appropriate beds and furniture, and hoists. Staff had received training in how to use this equipment.

Staff offered choices tailored to individual people using a communication method appropriate to that person. The service had a speech and language therapist, who provided assessment and support to patients with communication needs. Some patients with communication needs used communication cards or other communication aids to support them. Information was available in an easy-read format.

Staff made sure patients could access information on treatment, their rights and how to complain. There were display boards providing information on each of the wards and across the service. Information was provided to patients by staff, and in multidisciplinary team meetings. All patients had access to the advocacy service, who provided patients with information and support.

Managers made sure staff and patients could get help from interpreters or signers when needed. The service had information leaflets available in languages spoken by patients. Managers told us that most patients admitted to the service spoke English fluently, and it was usually their first language. However, interpretation and translation services were available if required, and the service had a contract with an external organisation to provide this. Managers told us that the pre-admission assessment identified any language and communication needs and preferences, which would then be included in the person's care plan to ensure they had appropriate support and information.

The service provided a variety of food to meet the dietary and cultural needs of individual patients. The dietitian worked with the kitchen staff to ensure that appropriate food was available for people with healthcare needs, such as people with diabetes, allergies, or at risk of choking. There were also options for people who were at risk when using cutlery or crockery. Staff told us they were able to provide for religious diets if these were required, such as kosher or halal. Vegetarian and healthier options were available, and they were clearly indicated on the menu.

Patients had access to spiritual, religious and cultural support. Patients could access a multi-faith room in the hospital. Patients could be supported to either attend religious ceremonies if they wished, and if their risk assessment allowed this, or religious leaders would visit them at the hospital.

Listening to and learning from concerns and complaints

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

Patients, relatives and carers knew how to complain or raise concerns. The service informed patients and their next of kin how they could raise concerns when patients were admitted into the service. The provider gave details of how to make complaints including all contact details for raising complaints and concerns on their website, including provider contact information if they preferred to raise concerns outside of the hospital.

The service clearly displayed information about how to raise a concern in patient areas. Information was accessible to patients on each ward, with ward complaints books accessible on each ward which patients could ask staff to complete for them.

Staff understood the policy on complaints and knew how to handle them. However, not all ward complaints or formal complaints we reviewed had been documented in line with the provider's policy.

Managers investigated complaints and identified themes. Investigations and responses to formal complaints demonstrated that complaints were investigated appropriately. However, of the 10 recent complaints we reviewed in the ward complaints books, 7 did not have details of the investigation or discussion about the incident with the patient. The provider had already identified this through audits and had followed up by speaking with patients who assured they were satisfied with how the complaint had been handled.

Staff knew how to acknowledge complaints but patients did not always received feedback from managers after the investigation into their complaint. The provider was not always following their policy around acknowledging and feeding back to patients following complaints. Likewise, acknowledgements were not always sent, or sent within the timescales stated in the policy for formal complaints. We reviewed 7 formal complaints and response letters. The responses were generally appropriate and supportive, but there was not always an apology when the complaint was found to be upheld.

Requires Improvement

Forensic inpatient or secure wards

The service used compliments to learn, celebrate success and improve the quality of care. The provider had supported patients to consider where their care had been good and we saw examples of patients praising staff for their care and support.