

Good 

## Rotherham Doncaster and South Humber NHS Foundation Trust

# Forensic inpatient/secure wards

### Quality Report

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Date of inspection visit: 14-18 September 2015  
Date of publication: 19/01/2016

## Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/unit/team)	Postcode of service (ward/unit/team)
RXE00	Trust Headquarters - Doncaster	1 Jubilee Close, Amber Lodge	DN4 8QN

This report describes our judgement of the quality of care provided within this core service by Rotherham Doncaster and South Humber NHS Foundation 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 Rotherham Doncaster and South Humber NHS Foundation Trust and these are brought together to inform our overall judgement of Rotherham Doncaster and South Humber NHS Foundation 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

## Contents

### Summary of this inspection

	Page
Overall summary	4
The five questions we ask about the service and what we found	5
Information about the service	9
Our inspection team	9
Why we carried out this inspection	9
How we carried out this inspection	9
What people who use the provider's services say	10
Good practice	10
Areas for improvement	10

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### Detailed findings from this inspection

Locations inspected	12
Mental Health Act responsibilities	12
Mental Capacity Act and Deprivation of Liberty Safeguards	12
Findings by our five questions	14

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# Summary of findings

## Overall summary

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

- Staff at all levels of the service we spoke with talked about how they worked with people, listening to and responding to the views and wishes of patients. We witnessed staff using enabling language and positive interactions with patients. Staff spoke about patients in a respectful manner and demonstrated a good understanding of their individual needs.
- Staff carried out comprehensive assessments of patients' needs. Patients were involved in all aspects of their care planning. Staff had a good understanding of positive behaviour support in the forensic service. There were effective strategies in place to protect patients, including those with more complex needs and to enable patients to be safely involved in the local community.
- There was evidence that the provider and commissioners had good working practices. Discharge was the focus of intervention and care across the service. There were good links with community teams and work was ongoing to reduce the difficulties with moving patients into least restrictive environments in community-based settings. The balance between providing sufficient security to keep those on the wards safe, the least restrictive environment and proactive discharge planning was appropriate for the needs of the patients.

- There was good access to healthcare. All patients had a health action plan in place specific to their individual needs. Patients were encouraged and supported to manage their own health needs.
- There was a range of staff specialities and the team were skilled and experienced in working with this patient group. Staff had a good understanding of the mental health act, mental capacity act, deprivation of liberty safeguards and the corresponding guiding principles.
- Both wards were clean, homely and in reasonably good repair and décor. Regular environmental assessments were undertaken. The service acted on the findings from these in order to achieve a high standard of repair and cleanliness. Patients and carers told us the wards were always clean.

However

- There were difficulties with the environment, such as a lack of child visiting areas, inadequate fencing for two courtyards, lack of activity areas and blind spots in all areas including the seclusion room, which affected observation of patients. These issues were recognised in the trust risk register and staff mitigated against these environmental risks with good relational security.
- Attendance at mandatory training was low however; the trust had plans to address this low attendance.
- Some blanket restrictions were evident with patients highlighting bed times, smoking times and restrictions on mobile phone use on Amber ward.

# 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 ward environments were clean, in good order and decorated in a homely manner. Regular environmental checks were undertaken and infection control procedures were in place. Regular environmental and ligature assessments were undertaken and actions taken to mitigate risks.
- A biometric system of entry to Amber Lodge was in place. Procedures and checks were also in place to ensure safe storage and management of alarms and keys.
- Staff members had a range of specialities and were skilled and experienced in working with this patient group. Staff recruitment was ongoing to fill vacancies. The use of some bank and agency staff maintained a skilled nursing team.
- Specialist training, such as 'reinforce appropriate implode disruptive' which provided skills to enable a positive approach to responding to extreme behaviour and self-harm awareness training, had resulted in a reduction in the number of incidents on both wards.
- Comprehensive risk assessments were in place for all patients. There were no reported serious incidents in the 12 months prior to inspection. Incident information for the three months prior to inspection detailed incidents of which all resulted in minor or no harm to the patients.

However:

- There were difficulties with the environment on Amber Ward. The design of the building meant there were blind spots throughout leading to lack of observation in the ward and seclusion area, lack of indoor and outdoor space and visiting facilities. Although the layout of the ward hindered observation, there were good relational approaches in place to ensure patient safety. Relational security is the knowledge and understanding staff have of patients and of the environment that they use to manage risks and maintain the right balance between care and security.
- The wards had fully equipped clinic areas with accessible rescue equipment. However, daily checks had failed to identify oxygen that was out of date. This was rectified immediately.

Good



# Summary of findings

- Attendance at mandatory training was below trust targets. There was a strategy in place to increase attendance.

## Are services effective?

We rated effective as good because:

- Staff carried out comprehensive assessment of a patient's needs. Patients were involved in all aspects of their care planning. All staff had a good understanding of positive behaviour support within the forensic service.
- Staff considered access to physical healthcare and health promotion as important. All patients had a health action plan, monthly checks and good access to GP, dietetic and dental services.
- Staff used evidence based risk assessment tools to inform the care planning process. Staff had received training to deliver a range of interventions such as anger management, sex offender treatment and positive behavioural support. Staff were competent in working with people on the autism spectrum. Staff had a good understanding of the Mental Health Act, Mental Capacity Act and deprivation of liberty safeguards.
- Patients attended regular multidisciplinary team meetings. The meetings had a clear sense of inclusion and working in partnership with patients. There was evidence of good working practices with commissioners of the service and discharge was the focus of intervention and care across the service.

Good



## Are services caring?

We rated caring as good because:

- Staff at all levels of the service we spoke with talked about how they worked with patients, listening to and responding to the views and wishes of the patients. Patients told us that staff listened to them and that they worked in collaboration with staff in all aspects of their care. We witnessed staff using enabling language and positive interactions with patients. Staff spoke about patients in a respectful manner and demonstrated a good understanding of their individual needs.
- The forensic service had invested in promoting patients choice and control at all levels, from individual care planning to service design. There were excellent examples of patients' involvement in care planning.

Good



# Summary of findings

- Staff on the wards welcomed carers. Carers we spoke with described good interactions with staff. Carers told us staff provided them with information about the service, so they knew how to stay in touch. They had a named staff member they could speak to and felt involved in the patient's care.
- Patients we spoke with understood the advocacy options available to them and knew how to access the independent mental health advocacy service. The advocate visited the wards regularly and was regarded highly by the patients.

## Are services responsive to people's needs?

We rated responsive as good because:

- There were clear criteria for admission, transfer and discharge from the service. Patient admission transfer and discharge from the service was considered at each stage to be the least restrictive environment for the care of that individual.
- Placement in the service was determined by the level of risk of harm to others and an ability to meet the patient's needs. Staff used the Care Programme Approach (CPA) as the framework for planning and coordinating support and treatment.
- Patients were engaged in meaningful activities and were actively encouraged to participate in a wide range of therapeutic and social activities. Staff respected patients' diversity and human rights. Staff understood, promoted and supported patients and their differences.
- All patients at Amber Lodge had a full care and treatment review by NHS England's improving lives team to investigate whether their inpatient treatment was appropriate. Continuing assessment had identified that 17 patients at Amber Lodge were appropriately placed with one patient waiting for medium secure provision and one patient waiting for low secure provision to become available.
- Staff discussed patients' readiness for discharge during monthly business and bed management meetings. Discharge arrangements took account of existing and potential risks so that patients could move into the community safely. The multi-disciplinary team worked closely with social services to ensure person centred planning and that appropriate provision was in place for patients to receive the right care and support package on discharge from hospital.

Good



## Are services well-led?

We rated well led as good because:

Good



# Summary of findings

- The drive for high-quality patient care was evident. There was a clear sense of commitment and accountability to patients from all levels of staff from both wards.
- The forensic service was based on providing the least restrictive environment and was developed to improve the patient experience. Continuous improvement underpinned practice.
- There was positive leadership with staff describing shared visions and values. Senior managers were known and visible to the team. There was a culture of patient-centred care and inclusiveness.



# Summary of findings

## Information about the service

Rotherham Doncaster and South Humber NHS Foundation Trust had two forensic, secure inpatient wards. Both were based at the Tickhill Road hospital in Doncaster and provided assessment, treatment and rehabilitation for patients detained under the Mental Health Act.

- One Jubilee Close was a 10 bed unit providing locked forensic rehabilitation for male patients with learning disabilities.

- Amber Lodge was a 23-bed unit with two separate divisions for male patients with learning disabilities. There was an 18 bed low-secure rehabilitation and recovery unit offering specialist treatment programmes and a five-bed unit for patients who find it challenging to engage with services.

Amber Lodge was last inspected as part of a trust-wide unannounced inspection in October 2013. The trust was found to have met all standards.

## Our inspection team

The team inspecting the forensic service consisted of eight people: a consultant psychiatrist, one CQC inspector, two Mental Health Act reviewers, two nurses, a pharmacist and a registration inspector.

## Why we carried out this inspection

We inspected this core service as part of our on-going 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?

Before the inspection visit, we reviewed information that we held about the service, asked a range of other organisations for information and sought feedback from patients and carers at focus groups.

During the inspection visit, the inspection team:

visited two wards at one hospital site and looked at the quality of the ward environments and

observed how staff were caring for patients

- spoke with nine patients who were using the service and eight carers and collected feedback from patients using comment cards
- spoke with the manager or acting manager for each of the wards
- spoke with 17 other staff members; including doctors, nurses, a psychologist and a pharmacist
- interviewed the assistant director forensic business division with responsibility for these services
- attended and observed one handover meeting and four multi-disciplinary team meetings.

We also:

- looked at nine treatment records of patients
- carried out a specific check of the medication management on one ward

# Summary of findings

looked at a range of policies, procedures and other documents relating to the running of the service

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

All the patients spoken with said they felt safe. Patients said they felt safe because they knew what to do and knew staff would act if they were affected by the behaviour of other people.

Most patients described staff as polite and supportive and described good collaboration with staff in all aspects of their care. Most of the patients we spoke with said that the staff treated them with respect, but a small number of patients described some staff as being busy or disinterested on occasion.

Some patients told us they liked it on the ward and staff looked after them well. One patient told us that his physical health needs were well looked after.

However, two patients complained about blanket restrictions at Amber Lodge, saying they had to be in bed

for 10.30pm and had specified smoking times, one and a half to two hourly. One patient complained that he should be able to have his mobile phone at night time, which staff did not allow on either ward.

Environmental difficulties were also highlighted at Amber Lodge where patients complained that they did not have enough outside space and needed a bigger courtyard.

Two patients described difficulties in relation to the distance from their home which compromised contact with their families. All patients described wanting to move on to step down facilities to support the prospect of discharge.

One carer spoke very highly of the service and suggested it should be used as a model for others to follow. All the patients spoke highly of the advocate who supported this service.

## Good practice

One area of good practice highlighted by the service was the reduction of 50% in physical intervention with the introduction of staff training.

All staff had received training which was specifically aimed at reducing restrictive practices and assisting patients to develop positive ways of managing their

aggression. Staff had attended RAID training (reinforce appropriate implode disruptive). Staff had also attended self-harm training which was also designed to reduce restrictive practices. Training for new starters was on-going.

## Areas for improvement

### Action the provider SHOULD take to improve

### Action the provider SHOULD take to improve

The trust should:

- Consider redeveloping the seclusion facilities within the service in line with current statutory standards to ensure that patients are always treated with respect and dignity as required by paragraph 1.13 of the Mental Health Act Code of Practice. Ensure that the design factors identified in paragraph 26.109 of the Mental Health Act Code of Practice have been taken

into account: "there should be no apparent safety hazards" and "rooms should not have blind spots and alternate viewing panels should be available where required".

- Avoid blanket restrictions, such as smoking and bed times, in accordance with paragraph 8.7 of the Code of Practice which states: "Blanket restrictions include restrictions concerning: access to the outside world, access to the internet, access to (or banning) mobile

# Summary of findings

phones. Such practices have no basis in national guidance or best practice; they promote neither independence nor recovery, and may breach a patient's human rights.”

- Ensure that the checking of patients' mobile phone message logs and calls is based on individual risk assessments in line with the Code of Practice guidance.

- Ensure that all staff attend mandatory training.
- Ensure that oxygen in the emergency resuscitation bags is regularly checked and is in date.

## Rotherham Doncaster and South Humber NHS Foundation Trust

# Forensic inpatient/secure wards

### Detailed findings

#### Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
Amber Lodge and 1 Jubilee Close	Tickhill Road Hospital

#### Mental Health Act responsibilities

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

A MHA review was undertaken as part of the hospital inspection at 1 Jubilee Close and Amber Lodge. We reviewed notes and associated detention documents. We spoke to seven patients in private and others informally who approached us during the inspection.

All of the MHA documents we reviewed were in good order. The staff told us that the independent mental health advocacy visited the ward regularly.

There were documents in patients' records that showed that patients' rights were routinely explained in line with both the Code of Practice and trust policy. Copies of standard leaflets explaining patients' rights were included

in patients' files. In each case, we saw that the staff had recorded whether the patient had understood the information and the patients we spoke with had a good understanding of their rights.

There was a robust system for the authorisation of leave. Section 17 leave forms were clearly completed and any restrictions were clearly shown on the forms. Ministry of Justice authorisation was present where required. The patients we spoke with said that they were given copies of their section 17 leave forms and had a good understanding of their leave. All leave was supported by risk assessment and leave was modified if increased risks were identified. The outcome of leave was reviewed with the patient and discussed in the multi-disciplinary team meetings. The patients told us that whenever a staffing shortage had prevented them from taking their escorted leave, staff had made efforts to rearrange their leave as conveniently as possible.

# Detailed findings

All of the patients whose records we reviewed were prescribed medication for their mental health and had their prescription authorised by either a T2 or a T3 certificate. In each case, we found that the responsible clinician had regularly assessed the patient's capacity to consent to their treatment and had made a record of the assessment on the MCA1 form, which had been copied and filed with the prescription card.

We saw information on advocacy services, patients' rights, the CQC and how patients' could complain displayed on the unit's notice boards.

We saw consistent evidence in patients' records of patient involvement in their care, particularly in the my shared care pathway documentation and in the care plans and notes. We also saw good quality negotiations and communication between patients' and staff in respect of their daily activities that showed respect on both parties. We noted that the care plans and risk assessments were regularly reviewed and updated.

## Mental Capacity Act and Deprivation of Liberty Safeguards

The trust had policies in place relating to the Mental Capacity Act (MCA) and deprivation of liberty safeguards (DOLS). MCA information was offered to staff in the form of a leaflet aimed at promoting a basic awareness. Staff

interviewed as part of the inspection had a good understanding of the principles of the MCA. We were informed that advanced training was planned for September 2015.

There were no patients detained under a DOLS and there were no pending DOLS applications.

# 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

Both wards were clean and in reasonably good repair and décor. Regular environmental assessments were undertaken and actions clearly set out to achieve high standards of repair and cleanliness. Patients and carers told us the wards were always clean.

Both wards were locked and the forensic low secure unit, Amber Ward had a biometric (fingerprint) system of entry. Staff wore personal alarms when on duty although we were informed these failed on occasion. We noted four failures of the alarm system in the previous three months. Procedures and checks were in place to ensure safe storage and management of alarms and keys.

Both wards had blind spots and difficulties with observation. These were mitigated with the use of mirrors, hourly checks and individual patient risk assessments. Both wards used a general assessment of risk and the Bolton risk assessment relating to ligatures. Ligature risks were identified and actions undertaken to achieve standards set. Staffs described the use of relational security and were trained in this area.

The seclusion room in the intensive support unit at Amber Lodge had a blind spot. Subsequently the door to the toilet area was permanently locked as it could not be observed from the viewing pane. The hinges on this door were not anti-ligature and would pose a risk if left open. Patients did not have access to the toilet area and were as a substitute using paper bedpans. There was a clear smell of urine in the room although the area was regularly cleaned. Amber Lodge rehabilitation and recovery ward had a room described as a quiet room which was open for all patients to use. It had padding on the walls and low lighting levels. The door to this room was always open. Patients described using this room to calm themselves.

At Amber Lodge relatives visited in a room just off the main corridor. There was no child visiting facilities on Amber Lodge or 1 Jubilee Close. Lack of child visiting facilities limited contact with family members and one relative informed us they were not prepared to visit in the café or other areas in the grounds with a child.

Outdoor space was limited at Amber Lodge to two small tarmacked courtyards, which were mainly used for smokers. Fencing which met low secure specifications laid out by NHS England was yet to be erected because they had to overcome difficulties with the foundations. The expected date of erection of the fencing was November 2015.

The wards had a fully equipped clinic room with accessible rescue equipment and emergency drugs that were checked regularly. However, the oxygen in the emergency bag on Amber Lodge was out of date. We discussed this with staff who replaced it immediately. We did note a previous incident where the oxygen when checked had been found to be empty. The pharmacist visited weekly.

### Safe staffing

Staffing had been estimated in relation to the trust's acuity and dependency plans. Minimum daily staffing levels were set by the trust and safe staffing levels were monitored weekly using a RAG system. This is a project management method of rating for issues or status reports, based on red, amber, and green colours used in a traffic light rating. Both wards adhered to the trust plans.

Amber Lodge ISU staffing establishment was 9 whole time equivalent WTE qualified nurses and 14 WTE nursing assistants. The ward had one vacancy for a qualified nurse and two WTE vacancies for nursing assistants. Amber Lodge R&R staff establishment was 11 WTE qualified nurses and 18 nursing assistants. Vacancies were 1.2 WTE qualified nurses and 1.6 WTE nursing assistants.

Jubilee Close staff establishment was 11 WTE qualified nurses and 17 WTE nursing assistants. Vacancies existed for three WTE nursing assistants.

Three further qualified staff nurse posts had just been filled but were not yet in post. Agency and bank nurses were used to cover these positions. From 1st January 2015 to 31st March 2015, Amber Lodge ISU filled 118 shifts with bank and agency staff and Amber Lodge R&R filled 125 shifts with bank and agency staff. Agency staff were selected according to submitted CV information and availability. Staff and patients' told us that planned activities were rarely cancelled because of a lack of staff availability to run them. Both wards were supported by a

# Are services safe?

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

consultant, locum consultant, two junior doctors, social worker, two consultant clinical psychologists a forensic psychologist and dietician. Medical cover formed part of the hospital site on call rota. The occupational therapist (OT) lead was in a temporary post that was under review. Two qualified occupational therapists and two assistants supported the OT lead. There was a vacancy for a speech and language therapist and on-going recruitment to fill the consultant psychiatrist post.

Mandatory training compliance was low with an overall percentage of 70%, 1 Jubilee Close at 69%, Amber Lodge ISU at 68%, Amber Lodge R&R at 72%. Attendance at the violence and aggression training modules which were split into four modules A, B, C and D was low across both wards at A: 26%, B: 30%, C: 33% and D: 32%. Manual handling was also low at 29% and clinical risk assessment at 52%. Compliance with mandatory training in violence and aggression although low, did not affect positive behavioural support; incidents of aggression were monitored and had been reducing over a sustained period.

We saw plans to increase compliance with training across the service and planned training related to the new Mental Health Act, Code of Practice, advanced Mental Capacity Act and DOLS.

## Assessing and managing risk to patients and staff

Comprehensive risk assessments were in place for all patients. There were effective strategies in place to protect patients, including those with more complex needs and enable patients to be involved in the local community safely. There were multi-agency public protection arrangements in place where necessary. Recognised risk assessment tools were used such as functional analysis of care environments, historical clinical risk management and sexual violence risk. Other trust risk assessments were undertaken on admission such as choking, falls, moving and handling and the malnutrition universal screening tool.

From 01/11/2015 to 30/04/2015 there was 1 restraint at 1 Jubilee Close, 60 restraints at Amber Lodge ISU involving 4 patients and 3 restraints at Amber Lodge R&R involving 3 patients. Patients and their carers stated that restraint was only used as a last resort. A review of the care plans related to aggressive behaviour showed that staff managed these by the use of distraction, using a positive behaviour support approach. Staff had attended reinforce appropriate impulsive disruptive training. The essence of the RAID approach was to play down challenging behaviour as

far as safety allows, and to nurture and develop positive behaviour so that it systematically overwhelms and displaces the challenging behaviour. Staff described this as an approach that reduced restrictive practices in relation to challenging behaviours by limiting physical interventions. Incident analysis demonstrated a positive effect of the training which had impacted on the use of physical intervention. Physical intervention had been reduced by over 50% with an on-going analysis of incidents of violence and aggression and self-harm.

Patients were involved in decisions about restraint and restrictions through care planning and regular MDT review. Reviews included an analysis of records of restraint for the patients and showed that staff had considered alternatives. When staff saw physical restraint as necessary, they used the least restrictive hold to maintain safety. Prone restraint (face down) was not used and staff were trained to turn patients immediately if the patient was face down in a floor restraint.

Staff described practices that amounted to seclusion and clear policies were in place stating when seclusion could be used.

We were told that one patient had a care plan relating to being searched. The patient was reported to be present when the search was being undertaken. We were told that searches were only used when there was a suspicion that patient had contraband items.

The staff at Amber Lodge told us of the work that had been done to replace the blanket restrictions that had operated on the ward with restrictions that were only based on individual risk assessments. However, we saw that some blanket restrictions remained. Patients on the rehabilitation and recovery wards were assessed to hold a key to their room but patients on the intensive support ward were not. Patients on both wards at Amber Lodge were only allowed to smoke at set times during the day and the doors to the courtyards were locked outside of these times.

There were designated telephone rooms at the service for patients to make calls in private. A recent initiative at Amber Lodge, rehabilitation and recovery introduced mobile phones for patients and an agreement had been signed by patients to hold them between 10am and 10pm. The patients' had also agreed for their phone use to be periodically checked. However, staff and patients' did not

## Are services safe?

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offer a rationale for this and the service specific standard operating procedure on the management of mobile phones for Amber Lodge did not include a rationale for handing phones to staff or periodic checks of the same.

### **Track record on safety**

There were no reported serious incidents within 12 months prior to inspection. Incident information for the three months prior to inspection detailed 131 incidents of which 88 detailed violence abuse and harassment resulting in minor or no harm to the patients.

### **Reporting incidents and learning from when things go wrong**

The forensic service used the IR1 electronic system of incident recording. All staff were able to input incidents onto this system. Incident information was analysed and discussed within the governance framework. Serious incidents from across the service were actioned and lessons learned shared with all staff. Staff were able to give good examples of lessons learnt.



# 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

There was evidence in the care records of comprehensive assessment on referral, admission and on-going care planning. There was evidence in the patient's records of a holistic approach to all aspects of care with a good balance between physical healthcare and mental health care and associated issues such as substance misuse. Care focused on patients strengths and promoted independence. Patients told us that they were involved in all aspects of their care planning. There was a good understanding of positive behaviour support at all levels in the forensic service and all relevant staff were trained in positive behaviour support.

There was good access to healthcare and we saw healthcare promotion and activity in patients' care plans. All patients had a health action plan in place specific to their individual needs. Staff supported patients to manage their own health needs. Patients also had access to a GP who visited three times a week and a dietician to support any nutritional need.

Staff used evidence based risk assessment tools to inform the care planning process. The wellness, recovery action planning tool and my shared pathway were also used as self-management tools and to inform care planning. Patients had positive behavioural support plans, clinical guidelines, care plans and safeguarding care plans in place. HONOS secure was used to assess and record severity and outcomes.

There was a mixture of electronic and paper based records with good coordination between both systems. All records were stored securely and available to all relevant staff.

### Best practice in treatment and care

The service had undergone a review in relation to the Winterbourne View commitments and had taken positive actions in identifying and reducing restrictive practices. The forensic service demonstrated good use of national guidance such as NICE and we noted references to the same in MDT meetings and patients' records relating to medicines, care and treatment. Staff described the dissemination process for newly published guidance and forums were in place for their discussion.

Staff regarded access to physical healthcare and health promotion as important. All patients had a health action plan and had routine monthly checks. They had good access to GP, dietetic and dental services.

Therapeutic groups such as dialectic behaviour therapy sessions had started two weeks prior to inspection and a sex offender treatment programme was due to start as part of planned interventions for the forensic service.

### Skilled staff to deliver care

There was a range of staff specialities and the team consisted of psychologists, psychiatrists, occupational therapists and dietician although there was a recent vacancy for a speech and language therapist. There was a mixture of mental health and learning disability nurses, and staff were skilled and experienced in working with this patient group.

Staff stated they received regular supervision. We were informed that opportunities to undertake specialist role specific training were available for all nurses to apply. There was also a commitment to maintain the restrictive intervention reduction programme, RAID and self-harm awareness training. Funding had been secured for new staff employed on the wards.

Staff had been trained to deliver a range of interventions such as anger management, sex offender treatment and positive behavioural support. Staff were competent in working with patients on the autism spectrum.

### Multi-disciplinary and inter-agency team work

MDT discussions were delivered by a cohesive team, discussions were comprehensive and based on relapse prevention and recovery principles. These meetings were thorough; person centred and discussed all essential standards of care.

We attended four multi-disciplinary meetings. We observed inclusive discussion in treatment and care planning and partnership working was evident in all discussions. We witnessed MDT members empowering patients' to take the lead in managing their own condition and facilitating and enabling patient choice.

There was evidence of good working practices with the provider and commissioners and discharge was the focus of intervention and care across the service. There were good links with community teams and work was on-going to reduce the difficulties with moving people into least

# 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.

restrictive environments in community-based settings. Staff from the service were forging links with local charities and had on-going discussions with the commissioners of services.

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

Staff had a good understanding of the Mental Health Act and the Code of Practice guiding principles. Further training sessions had been organised to cover the new Code of Practice.

There were policies in place which staff followed and we witnessed good discussion in MDT meetings relating to consent to treatment and capacity issues. All medicine charts were accompanied by the corresponding consent to treatment paperwork.

Staff read patients their rights regularly and adjustments made where necessary to support understanding of the same. The patients had a good knowledge of their rights and good support from an independent mental health advocate.

Administrative support and legal advice was available and regular audit of records took place.

## **Good practice in applying the Mental Capacity Act**

The trust had policies in place relating to the MCA and DOLS. Staff were offered MCA training in the form of a leaflet aimed at promoting a basic awareness. Staff interviewed as part of the inspection had a good understanding of the principles of the MCA.

Mental capacity was assumed and capacity issues were dealt with on a decision specific basis. Staff supported patients were to make decisions for themselves. If necessary best interest meetings were held recognising the patient's wishes.

There were no patients detained under a deprivation of liberty safeguards (DOLS) and there were no pending DOLS applications.

# 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 noted positive communication throughout the inspection between staff and patients. Patients described being understood and supported by staff. Patients were involved in the selection of staff to the wards.

Staff at all levels of the service we spoke with talked about how they worked with people, listening to and responding to the views and wishes of the patients. We witnessed the use of enabling language and positive interactions with patients. Staff spoke about patients in a respectful manner and demonstrated a good understanding of their individual needs.

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

Patients told us that they were fully involved in the assessment and planning of their care and supported and empowered to express their strengths, goals, aspirations and lifestyle wishes. They were supported to make their own decisions within a framework of managed risk.

Staff had invested in giving patients choice and control. There were good examples of involvement in care planning in records. Patients chaired community group meetings which were proactive and influenced change. Patients were involved in the recruitment of staff to the wards.

Staff welcomed carers and the carers we spoke with detailed good interactions with staff. Staff provided carers with information about the service, so they knew how to stay in touch. They had a named staff member they could speak to and felt involved in the patients care. However, child-visiting arrangements were at times difficult and some relatives were unable to attend meetings as they had work commitments, didn't have transport or were too far away. None of the carers we spoke with had been offered a carers assessment.

The patients we spoke with understood the advocacy options available to them and they knew how to access advocacy. The advocate visited the wards regularly and was regarded highly by the patients.

# 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

Referrals to the service were made by NHS England commissioners. These were from other secure services, psychiatric intensive care units, young offenders' institutions, prisons, court services and community learning disability services. At the time of the inspection, there were four beds available in the low-secure service. Patients were only admitted to a ward if they posed a risk of such a degree that meant they could not be safely managed in the community. An access assessment by the MDT and referral acceptance was based on the provision of the least restrictive environment necessary for the care of the individual. There were clear criteria for admission, transfer and discharge from the service. The average length of stay was eighteen to twenty four months. However, there were patients who continued to pose risks to others or who were subject to conditions imposed by the Ministry of Justice that meant they needed to stay in the service longer.

Placement was determined by the level of risk of harm to others and an ability to meet the patients' needs. The Care Programme Approach (CPA) was used as the framework for planning and coordinating support and treatment. Outcome measures such as HONOS secure with full continuing risk assessment and MDT discussion determined transition between services.

A number of patients were described as having enduring mental health issues and continuing risky behaviours, which required on-going support and supervision for public protection, but were ready to step down from the forensic units. For these patients movement to community services was described as difficult. Provision of the level of support required to mitigate these risks to enable them to live in a less restrictive community setting was not always available.

All patients at Amber Lodge had a full care and treatment review by NHS England's improving lives team to investigate whether their inpatient treatment was appropriate. Continuing assessment had identified that 17 patients at Amber Lodge were appropriately placed with one patient waiting for medium secure provision and one patient waiting for low secure provision to become available.

Imminent plans were in place to make available two flats within the hospital grounds, these flats would support two patients ready to move on to develop independent living skills for transition to community settings and were designed to be part of the secure pathway. The aim of this development was to provide a structured environment with suitably qualified staff that incorporated positive risk taking and a process of rehabilitation to prevent the revolving-door patterns of hospital readmissions.

We saw evidence that the service were active in attempts to reduce length of stay at the hospital and inpatient length of stay was closely monitored. Readiness for discharge was discussed during monthly business and bed management meetings. Discharge arrangements took account of existing and potential risks so that patients could move into the community safely. The MDT worked closely with social services to ensure person centred planning and appropriate provision was in place in order that patients received the right care and support package on discharge from hospital.

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

The environment at Amber Lodge was described as limiting by the staff and patients'. On arrival at the ward, visitors entered directly into patient areas. There was limited space for activities staff had made as much use of the space as possible to create activity areas for patients. Considering these limitations there was a wide range of activities offered to patients. Some rooms doubled as meeting and activity rooms.

Although there were difficulties in the design, staff had ensured that the facilities were homely and had made the most of the space available.

Patients at Jubilee Court had access to both a courtyard and a fenced grassed area which had also been used to create a therapeutic garden and grow vegetables. The patients who used it valued this.

Both wards had a multi-faith area, which doubled as visiting and meeting room, and patients described good access to spiritual support.

There was no child visiting on the wards although visits could be facilitated elsewhere in the grounds. All patients had access to outdoor areas/secure courtyards where there were dedicated smoking areas and one smoke free area. The trust was due to become smoke free in 2016.

# Are services responsive to people's needs?

Good 

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

The trust recognised the difficulties with the design of the wards and these were included on the forensic service risk register. The trust had plans in place for a purpose built unit to replace the existing buildings. Funding was being sought for this.

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

Staff respected patients' diversity and human rights. Staff understood, promoted and supported patients and their differences. Staff working in the trust were aware of patients individual needs and tried to ensure these were met, this included cultural, language and religious needs. Interpreters were available if required.

There was a good range of information across the wards for patients on notice boards and in communal areas. Patients were engaged in meaningful activities and were actively encouraged to participate in a wide range of therapeutic activities.

Patients had the opportunity to attend voluntary groups such as the RSPCA, some attended riding for the disabled and conservation projects in nearby rural areas. The patients also had access to gym equipment on Amber ward, there was a pool table and a wide range of therapeutic art materials in the activity rooms.

Patients told us they had opportunities to participate in community activities in line with their personal interests such as fishing and rambling. There was a small kitchen which patients practiced their cooking skills, education sessions were available in English and maths, we saw information for problem solving sessions, health promotion activities, tai chi sessions and sports days.

## **Listening to and learning from concerns and complaints**

All the patients' and carers we spoke with told us they knew how to make a complaint. We found posters and leaflets informing patients how to raise a concern, complaint or compliment. We also saw information on how to access the patient advice and liaison service and advocacy services.

There was a clear policy in place and staff were able to describe the process clearly. Patients told us that their complaints were taken seriously. The trust had a system in place for monitoring complaints and the complaints procedure was discussed with patients during community group meetings. Trends and learning from complaints was disseminated to staff.

# 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

The drive for high quality patient care was evident, there was a clear sense of pride and commitment and accountability to patients from all levels of staff from both wards.

The forensic service was based on providing the least restrictive environment and was developed to improve the patient experience. Continuous improvement underpinned practice.

There was positive leadership with staff described a shared vision and values. The culture was recovery and discharge focused and was inclusive and person centred at all levels.

### Good governance

The wards had governance systems in place that enabled them to monitor and manage the ward and there was a clear governance structure where ward managers contributed to the trusts quality and safety meetings. Staff received an electronic newsletter called trust matters, which detailed initiatives and lessons learnt across the trust. Managers told us that they contributed to local quality initiatives and attended quality and safety meetings.

Quality issues were regularly monitored and action plans were in place. Performance data was compiled that recorded the wards' performance against a range of indicators where organisational effectiveness was reported. Staff used key Indicators to assess performance.

### Leadership, morale and staff engagement

Staff spoke about the service in a positive, motivated way and we found there was strong multi-disciplinary working and good communication across the service. Staff reported that morale was good. Staff told us they felt supported and spoke positively about their roles and the teams they worked in. All staff we spoke with told us that senior managers were accessible, approachable and encouraged openness.

Ward managers had regular contact with their managers who they described as supportive. They attended local team quality and safety meetings where quality initiatives were discussed.

### Commitment to quality improvement and innovation

Amber Lodge ward was a member of the Royal College of Psychiatrists' quality network for forensic mental health service and have benchmarked their practice against similar services.

The quality network for forensic mental health services adopts a multi-disciplinary approach to quality improvement in medium and low secure mental health services. Members are expected to use the results of reviews to develop action plans to achieve year on year improvement. They are also expected to share their results throughout their services as well as with key stakeholders, including health and local authorities, those making referral to their services and local patient and family and friend groups.