Care Quality Commission

Hazelwood House

Quality Report

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Date of inspection visit: 18 and 19 April 2016
Date of publication: 11/08/2016

This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from patients, the public and other organisations

Ratings

Overall rating for this location	Good	🟢
Are services safe?	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 and Deprivation of Liberty Safeguards

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

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

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

Summary of findings

Overall summary

We rated Hazelwood House as good because:

- Patients were able to participate and make a difference to their care by being actively involved. They had a wide range of activities and therapies to aid recovery, were encouraged to give feedback into the service, and attended meetings with staff and peers from other units. They help develop information for other patients in easy read formats.

- Staff used a positive behavioural system that encouraged good behaviours amongst the peer group, which both staff and patients thought worked really well. Staff knew their patients well and were able to engage them, deflecting potential aggressive behaviours well

- The unit had a good structure to ensure that staff were up to date with training and supervision. A system was in place that encouraged learning within the staff group, and staff had awareness of when to report incidents and deal with complaints.

- Staff were aware of patients' needs and risks as thorough up to date information was available, including personalised care plans and activity plans.

- We found the unit to be safe, secure, clean, spacious and comfortable with a good quality of furnishings and decoration throughout, including a large garden area for fresh air.

- A wide range of skilled staff participated in the multi-disciplinary team, who used specialist tools to assess and monitor their patients, to ensure progress was on track.

Summary of findings

Our judgements about each of the main services

Service	Rating		Summary of each main service
Forensic inpatient/ secure wards	Good	🟢	Start here...

Summary of findings

Contents

CareQuality Commission

Good ●

Hazelwood House

Services we looked at:
Forensic inpatient/secure wards

Summary of this inspection

Background to Hazelwood House

Hazelwood House is a 14-bedded low secure hospital for males with learning disabilities who may also have diagnoses of mental illness or personality disorder and a forensic background. It is run by Partnerships in Care Limited.

Regulated activities from December 2010 include:

- Assessment or medical treatment for persons detained under the Mental Health Act 1983
- Treatment of disease, disorder or injury
- Diagnostic and screening procedures.

A registered manager is in place.

The Care Quality Commission last inspected the hospital in October 2013. At the time of inspection, the provider was meeting essential standards, now known as fundamental standards.

There were ten patients admitted at the time of inspection, all detained under the Mental Health Act 1983.

The last Mental Health Act review was September 2013.

Our inspection team

Team leader: Judy Davies

The team that inspected the service comprised 3 CQC inspectors, 1 inspection assistant and a mental health nurse specialist advisor.

Why we carried out this inspection

We inspected this 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 location.

During the inspection visit, the inspection team:

- visited the ward at the hospital, looked at the quality of the ward environment and observed how staff were caring for patients

- spoke with five patients who were using the service
- spoke with the registered manager
- spoke with fifteen other staff members; including doctors, nurses, occupational therapist, psychologist and social worker
- received feedback about the service from one commissioner
- attended and observed one multi-disciplinary meeting
- collected feedback from nine patients using comment cards
- Looked at five care and treatment records of patients
- carried out a specific check of the medication management on the ward a
- looked at a range of policies, procedures and other documents relating to the running of the service.

Summary of this inspection

What people who use the service say

Patients told us they liked the unit and think the staff are helpful and friendly. They felt safe and enjoyed the activities that are on offer.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We rated safe as good because:

- Staff regularly assessed patients' risks to ensure they put in place appropriate support plans to lessen any identified risks.

- The environment was safe and spacious, and staff supervised patients in areas with potential risks, such as kitchens and the garden. Staff were able to monitor patients' whereabouts by being visible throughout the ward area.

- Staff were skilled to de-escalate potentially aggressive incidents effectively and quickly, and patients felt safe.

- There were enough staff on duty, who knew the patient group, to provide safe and effective care.

Good ●

Are services effective?

We rated effective as good because:

- The staff were motivated and skilled to deliver good quality care to their patients. A wide range of therapies were available for patients to aid their recovery.

- Staff monitored patients' progress by using rating scales, to ensure patients' received the right outcome from their treatment.

- Staff supported patients to make complaints and the provider took these seriously. They kept staff and patients informed of progress and shared any learning throughout the staff team.

- Staff had a good understanding of the Mental Health Act and Mental Capacity Act. Effective systems were in place to ensure this was managed correctly.

Good ●

Are services caring?

We rated caring as good because:

- Staff demonstrated good rapport and were caring and compassionate towards patients, showing a good understanding of their individual needs. Patients were involved in all aspects of their care planning and were able to feedback concerns at regular community meetings.

Good ●

Summary of this inspection

- Written information given to the patient would be adapted dependent on their individual needs, following assessment from the speech and language therapist, ensuring all patients understood their treatment and could make informed choices.

- A 'buddy system' was in place to ensure new patients were welcomed to the ward and received an easy-to-understand information pack on admission, developed by other patients.

- A patient representative attended a Partnership in Care patient network, to share experiences and stories with patients from other services.

- Patients had embraced the Reinforce, Appropriate, Implode, and Disruptive (RAID) model, which supported and encouraged positive behaviours throughout the ward.
- Patients had weekly access to an advocate who could attend the multidisciplinary team meeting to help feedback their needs and wishes.

Are services responsive?   Good ●

We rated responsive as good because:

- Patients were actively engaged in a wide-ranging therapeutic programme which aided recovery, across many areas including education and improving social skills, to vocational opportunities and ward activities.
- There were good working relationships between the professions within the ward and outside agencies. This ensured each patient had an effective discharge plan at the start of their admission, which staff monitored throughout their stay.
- Patients had access to easy read and pictorial information. Staff were able to adapt this depending on individual patient need.

Are services well-led?   Good ●

We rated well-led as good because:

- Most staff were up to date with their mandatory training and received regular supervision, ensuring they were aware of current policies and practices with the Partnerships in Care group.
- Regular audits occurred across the hospital site, with action plans implemented to monitor and improve the service when needed. There was an effective system to ensure lessons learnt could be cascaded from the board to ward.
- The hospital participated in the Quality Network for Forensic Mental Health Services (QNFMHS). They were 90% compliant at their last review.

Detailed findings from this inspection

Mental Health Act responsibilities

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

Mental Health Act (MHA) documentation was available and stored correctly on the unit.

Staff had a good understanding of the MHA, which was part of their mandatory training. All staff had completed this training when we inspected.

Staff attached medication authorised treatment certificates to the prescription charts. This meant that they knew the legal authority under which they gave medication. The certificates were fully completed and correct.

Patients told us they had been fully informed them of their rights. Documentation showed that patients regularly had their Section 132 rights discussed.

An audit system was in place to make sure all MHA paperwork was up to date and in place.

Patients had access to an independent mental health advocate and information was available on ward notice boards.

Mental Capacity Act and Deprivation of Liberty Safeguards

Staff were able to discuss thecharacteristics of the Mental Capacity Act (MCA) and the principles of Deprivation of Liberty safeguards (DOLS).

Staff had received MCA training, which was part of their mandatory training. Records show that patients had been involved in making decisions about their treatment and care.

Records show that the consultant psychiatrist recorded how staff reached decisions on patients' capacity and consent to treatment. The consultant did this during multidisciplinary team meetings (MDTs).

At the time of our inspection, there were no patients subject to a DOLS referral.

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Forensic inpatient/ secure wards	Good	Good	Good	Good	Good	Good
Overall	Good	Good	Good	Good	Good	Good

Forensic inpatient/secure wards

Good 🟢

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

Are forensic inpatient/secure wards safe?

Good 🟢

Safe and clean environment

- The ward was on two floors with a nursing office on each level. Staff positioned themselves on both floors in distinct teams to increase observation levels in all areas of the ward, and prevent unwitnessed incidents happening. We observed this consistently throughout the day on the inspection. Staff increased observation for patients with a higher level of risk. They used convex mirrors to reduce the risk from blind spots but this did not fully address those in the stairwells.

- Secure fencing enclosed the outside space in accordance with low secure unit settings standards. It was not possible to observe all the outside space from inside the building, therefore the risks were managed by ensuring a minimum of two staff were outside observing all the outdoor area when patients were outside.

- Ligature risk assessments and action plans were in place for all accessible patient areas, and patients received regular risk assessments, with measures put in place to minimise potential risks. An example being, staff supervised patients when they wanted to open the locked wardrobes. The ward had two sets of ligature cutters – one on each floor. Staff were familiar with the protocol for maintaining the ligature cutters.

- All bedrooms and bathrooms were fitted with anti-ligature fittings such as taps, showers, and curtain rails.

- Staff told us the environment was not ideal for the patient group due to its obscured design with many corridors and stairs. An annual environmental risk assessment was completed, and action plans put in place to reduce identified risks.

- The ward had a fully equipped clinic room. Emergency equipment was available in a grab bag and checked regularly to ensure it was fit for purpose and effective in an emergency. Two bags were available, one for each nursing offices. All staff had keys to the nursing offices, so could access the bag quickly. Emergency drugs were present, checked and in date.

- There was no seclusion room on the ward. The ward had a de-escalation room for patients to talk to staff or sit quietly; they could leave the room when they wished.

- The ward was spacious, clean and well maintained. It had recently been re-decorated. Furniture was appropriate and comfortable. There were two-day rooms, and patients could decide where they wanted to spend time.

- Records show 88% of staff had completed mandatory infection control up to level two.

- Cleaning schedules showed regularly cleaning occurred. A system was in place to sign cleaning chemicals in and out, to ensure compliance with control of substances hazardous to health (COSHH) regulations. These regulations require employers to control exposure to hazardous substances to avoid harm to others.

- We spoke with the housekeepers, who told us that patients are encouraged to clean their own rooms. Following patient discharge, rooms receive a deep clean; however, we saw one empty room, which was still dirty after the patient had left the week before.

Forensic inpatient/secure wards

- All staff had an electronic alarm attached to their key belt, provided at the commencement of their shift.
- There were nurse call alarms in patients' bedrooms and bathrooms.
- All staff undertook environmental security training before working on the ward. A nominated person took the lead for security of the premises on each shift and staff received radios, managed by reception staff.
- Access to the building was via an airlock, ensuring the ward areas were secure.

Safe staffing

- At the time of the inspection, there were nine qualified nurses and fifteen health care workers in post. There were four qualified nurse vacancies and two healthcare worker vacancies. There had been some vacancies for over six months, and recruitment had been difficult, due to national shortages of qualified nurses. The ward had developed a local recruitment strategy including payment of registration fees to attract staff.
- There was also a vacancy for a ward manager. At the time of the inspection, the registered manager was also working in the ward manager's role.
- The ward used bank or agency staff to cover sickness or increased clinical activity; however, rotas seen showed the ward kept this to a minimum and the ward was generally able to manage with current staffing levels. Bank staff were permanent staff working additional shifts or staff who undertook shifts regularly at the hospital. When there was no bank staff available, the ward used agency nursing staff. All agency workers received an induction from Partnerships in Care (PiC) before they were able to work on the ward. The number of staff on duty reflected the staffing rota.
- Staff on the ward worked twelve-hour shifts during the day; staffing levels included two qualified nurses, and four healthcare workers. At night, there would be one qualified nurse and three health care workers. At least one male was on shift, due to the patient group. An on-call senior nurse was available if required during the night.
- We observed staff within the communal areas throughout the day, engaging and providing activities for patients.
- Patients' told us that staff were always available to speak to. We saw a patient daily activities board within

the ground floor communal area, which included details of allocated 'talk time' for patients. We observed staff taking patients to quiet areas of the ward when patients wanted to talk to them.
- Staff rarely cancelled activities, and patients confirmed this.
- The consultant psychiatrist worked two and a half days at Hazelwood House, and spent the remaining two and a half days working at another PiC hospital in Nottinghamshire. He was available on the telephone should anyone at Hazelwood House need to speak with him while he was at the other site. He could travel across to Hazelwood House with ease if needed. An on call doctor was available out of hours. Staff contacted emergency services if needed. There were no other doctors at this site.
- The provider expected staff to complete mandatory training in a range of areas. Records show 94% of staff had completed this training, which included twenty different subjects.

Assessing and managing risk to patients and staff

- From August 2015 to January 2016, staff recorded fourteen incidents of restraint involving five patients, including one prone, or face down restraint. Staff told us they rarely used physical restraint and never used rapid tranquilisation. Prescription charts we looked at supported this.
- The hospital does not use seclusion.
- We looked at five care records. Staff used risk assessment tools (HCR20v3 and START - short-term assessment of risk and treatability, to measure violence and aggression in the forensic setting) to assess each patient's risks when they were referred to the hospital. All had an up to date risk assessment and risk management plan. They had been updated following incidents and levels of nursing support changed to reflect the individual need of the patients when needed. We observed a multidisciplinary team meeting, where staff used emoji's (faces) with the patient to indicate their own risks. The team told us they were aware that people on the autistic spectrum found this difficult, so were due to change the system to use 'thumbs'.
- Staff searched patients in accordance with the policy on a monthly basis, or if staff had a concern that a patient had an item of contraband.
- Staff told us they used de –escalation techniques to defuse potentially aggressive situations. Staff told us

they had good de-escalation skills and it was noticeable that they had excellent relational security. This is a term the Department of Health uses, which means safety on wards is maintained by staff having an understanding and knowledge of their patients and the environment.

- A de-escalation room was available on the ward, where patients had chance to sit in a quiet and calm environment; specifically when conflict had occurred between patients. Staff had received Managing Violence and Aggression training and were 90% compliant, and 97% of staff were up to date with Conflict resolution training.

- Safeguarding training was a mandatory requirement for staff. At the time of inspection, 94% of staff were up to date with adult safeguarding training, and 74% for safeguarding children. This included bank staff. Staff we spoke to had a good understanding of how and when to raise a safeguarding alert, and policies and procedures were easily accessible to staff. The hospital social worker would raise a safeguarding alert following concerns from staff. They would complete this within 24 hours. The on-call manager dealt with safeguarding concerns out of hours. The provider raised one alert between September 2015 and February 2016. It had been closed and dealt with this by the time of our inspection.

- The medicine management system was electronic (e-prescribing). Prescriptions were well written and clear, although one had no start date on the PRN prescription of salbutamol; staff had not administered this. Staff addressed this when we discussed it with them. Records showed that daily temperature checks of the fridge and clinic room occurred. This ensured that medicines were stored at the correct temperature and remained effective to use.

- We reviewed seven medicines charts. Staff had correctly dispensed and recorded all medicines. Patients received their medicines from the clinic room, which was located in the ground floor communal area. They would stand outside; the door resembled a barn door – half open, half closed. Patients would not be able to speak confidentially if they needed to discuss a problem or issue with their health. Staff told us that they would speak in private later.

- We saw a visitor room on the ward which was located near the front of the building which meant families and children did not have to go through any clinical areas. It was equipped with toys for the children, a toilet and a tea/coffee machine.

- Staff monitored and audited restrictive practices on the unit. Discussion of these occurred within patient community meetings and team meetings.

Track record on safety

- There were no serious incidents recorded for this service

Reporting incidents and learning from when things go wrong

- Staff knew how to report incidents. Staff from all disciplines input onto the electronic incident recording system. Specific patient incidents pull through into the patient electronic record, meaning all staff had awareness of them. The ward manager investigated incidents recorded. Staff and managers were confident that they had reported all incidents. They were open and honest and explained to patients when things went wrong.

- All staff spoken with told us they received feedback from incidents in team meetings, emails and within supervision. The ward manager reported all incidences up to senior managers and met monthly with them to discuss resolutions and action plans. The hospital manager shared learning with staff about incidents from other PiC units, which helped prevent similar incidents taking place within the service. The hospital manager told us about an improved communication system the unit put in place following an incident involving medication being left in the reception area over a weekend. The psychologist facilitated debriefs and support following any risk or serious incidents. Patients received debrief sessions either on a one-to-one basis, or through the weekly community meeting in line with the provider's staff wellbeing policy.

- Staff showed good awareness of duty of candour. They told us of a medication error, which they reported and investigated. They kept the patient up-to-date throughout the process.

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

Good ●

Assessment of needs and planning of care

Forensic inpatient/secure wards

- We reviewed five care records; all contained an up to date and comprehensive admission assessment.
- Care plans were present, up to date, personalised, and holistic and contained a full range of individual needs, such as identified risks, communication issues, mental health needs, section 17 leave and activities. We saw evidence of multi-disciplinary input. There was good recording of patient involvement and patient views.
- Care plans were recovery focused; incorporating a positive behavioural support plan (PBS) to reinforce patients' strengths and interpersonal interactions.
- All patients had received a physical health assessment on admission, and there were physical health plans in place with evidence of ongoing physical care where needed. Patients were able to attend dentist and hospital appointments when required. Staff provided a patient whose physical health had declined with a walking aid and planned to adapt their bedroom.
- The provider used an electronic patient care notes system. All staff had access to this and could access patient information quickly and easily.

Best practice in treatment and care

- Staff considered National Institute for Health and Care Excellence (NICE) guidelines when making treatment decisions, such as prescribing medicines or providing psychological interventions.
- Patients were on minimal amounts of medicines and these were within British National Formulary (BNF) limits.
- Staff did not give patients medicines to sedate them or modify their behaviour in a restrictive way.
- The hospital used the RAID (Reinforce, Appropriate, Implode, and Disruptive) model, which focused on positive (green) behaviours and built on strengths rather than focusing solely on problems. Staff and patients had been using this for about a year, and all were very positive about it. The PBS philosophy further reinforced and underpinned this model.
- Patients were assessed using a number of recognised, evidence based assessment tools, including the Emotional Problem Scale, Blackburn Circle (assesses interpersonal functions), and Goal Attainment Scale (facilitates the design of individually tailored goals which are developed in collaboration with patients). These tools would also measure patient outcomes, to demonstrate when progress had occurred.

- The occupational therapist (OT) used a patient self-assessment and interest checklist and a variety of assessment and outcome tools to improve a person's functioning. They discussed this in multidisciplinary meetings (MDT).
- Staff encouraged and supported patients to participate in 'Real Work' opportunities and educational programmes. This involved patients working and earning small amounts of money, specifically in van valeting and gardening.
- The physical care co coordinator liaised with the local GP who attended the hospital every two weeks for a clinic. All patients could attend for a physical health check, or to discuss ongoing physical health needs. The GP was able to access patient's records and prescribe medication. Nursing staff measured blood pressure, pulse, temperature and weight weekly and recorded this within the patient record.
- The service was able to quickly pick up on any changing or developing physical health needs. An example of this was when a patient developed unusual body movements not related to side effects from medication. Staff referred the patient to a neurologist and they were diagnosed with Parkinson's disease. The patient had a care plan in place to support the care and treatment of his Parkinson's.
- Patients had a 'Health Action Plan', which was taken with them to medical appointments.
- PiC will become 'smoke free' at the end of 2016. We saw evidence of discussions with patients about this in community meetings and easy read information in poster form displayed across the communal areas. The frequency of allotted smoking times had already been reduced.
- All disciplines undertake various clinical audits, such as use of restrictive practice, smoking cessation, patient satisfaction survey and carer survey, infection control and environmental security. Learning from these audits was cascaded to staff by way of an email or in supervision.
- The ward used Health of the Nation outcome scales for people with Learning Disabilities (HoNOSLD) to regularly re-assess patients, to demonstrate progress made in their recovery. It also used HCR-20v3 and START as an outcome measure and were reviewed regularly.

Skilled staff to deliver care

Forensic inpatient/secure wards

- A team of multi-disciplinary professionals delivered care and treatment. These included nurses, doctors, psychologists, healthcare support workers, social worker, speech and language therapist and occupational therapy. Members of the team were experienced and skilled in providing support and treatment for patients with a learning disability, within secure settings. A pharmacist attended the ward on a weekly basis, to audit medicine cards and maintain medicine stocks.
- All staff received an induction when starting work with PiC. Bank and agency staff also received an induction. This ensured that all staff working on the wards were familiar with hospital policies and procedures.
- Healthcare support workers were able to obtain their Care Certificates; some staff had achieved this.
- Staff attended team meetings on a monthly basis; these occurred over two days which meant that staff on both shifts were able to attend and participate.
- All staff received clinical and management supervision on a monthly basis. There was a cascade system in place so the most suitable person would supervise their immediate juniors. Some members of the MDT also attended and participated in support networks with other members of their profession. This meant they could share ideas and solutions.
- Records showed 87% of staff had received an appraisal by the time of inspection; one staff member had recently transferred to Hazelwood hospital, so was non-compliant.
- The doctor and occupational therapist had attended diagnostic interview skills for social and communication disorders (DISCO) training. This training provided them with the skills to diagnose Autistic Spectrum Disorders.
- Staff had attended training specific to providing care for people with learning disabilities and autism, including managing patients with epilepsy.
- The manager addressed staff performance issues through ongoing supervision. There were no staff performance issues reported at the time of the inspection.

Multi-disciplinary and inter-agency team work

- Multidisciplinary team meetings (MDT) occurred weekly on the unit. The consultant psychiatrist led them and they were well attended by other members of the MDT, who participated and fed back on patients' progress; this included the healthcare support workers. Patients

prepared a 'My 3 top things' list of what they wanted to change and improve; they were able to feedback using visual aids, such as emojis. Discussion included care plans, outcomes, activities and discharge planning. Patients would attend with their advocate. The caseworker from NHS England attended every five weeks to review and monitor ongoing treatment plans.
- Care coordinators attended MDT, usually when a patient was ready for discharge from the service. This allowed them to work jointly with the MDT and put the most advantageous care package in place to support the patient in their new placement.
- All staff attended the daily morning meeting, including housekeepers and maintenance staff, which ensured they had awareness of potential risk issues.
- Handovers took place at each shift change to ensure that the whole team were aware of changes to the patient's presentation. Staff utilised a handover book as a communication aid.
- The psychologist offered the team a reflective practice group on a monthly basis, which gave the staff group chance to consider what, had gone well and not so well.
- Communication with other agencies was good. The social worker maintained ongoing contact with social services and families; she acted as the link between the unit and the community. She had set up a police link forum, following ongoing issues with patients constantly contacting them for minor issues, to aid understanding between the two groups. The GP attended every two weeks as a minimum and the caseworker from NHS England attended MDT every five weeks.
- The pharmacist attended weekly to check stocks of medicines against prescriptions. If a patient wanted to speak with the pharmacist about their medicine then staff could easily arrange this.

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

- Records showed 88% of staff were up to date with Mental Health Act (MHA) training.
- Staff showed a good understanding of the Mental Health Act, Code of Practice and guiding principles and copies of the revised Code of Practice were available on the unit.
- MHA paperwork was present, up to date, correct and stored appropriately. Copies of MHA paperwork was

uploaded onto the patient record, although one Approved Mental Health act Professional (AMHP) form was missing from the patient record, which meant this was not accessible for staff to look at.

- Consent to treatment was up to date and accurate. Medication authorised treatment certificates (T2 and T3) reflected what was on the prescription charts; this meant that staff knew the legal authority under which they gave medication. They were fully completed and correct.
- Three patients were on Treatment certificate 2 and four were on Treatment certificate 3 (T2 and T3), however, three of the T3 Second Opinion Approved Doctor (SOAD) forms were poor copies and difficult to read.
- All patients have access to an independent mental health advocate (IMHA) provided by Rethink.
- The MHA administrator provided support from one of the provider's nearby hospitals, offering administrative support and legal advice on implementation of the MHA and its Code of Practice. They were available by telephone when not at Hazelwood House. Audits of paperwork occurred regularly to ensure they were present and correct.
- Patients had their rights under the MHA (s132) presented to them regularly and the outcome of this was documented. Patients told us they were aware of their rights under the MHA.

Good practice in applying the Mental Capacity Act

- Records showed 88% of staff were up to date with Mental Capacity Act (MCA) Training.
- Staff assessed MCA on admission and repeated regularly. We saw evidence of this in the patient record.
- Staff we spoke with showed a good understanding of MCA and were aware of the policy. They understood that capacity is decision specific and fluctuates which is why assessments have to be repeated in response to any changes in care delivery, financial affairs or mental state.
- Records requested showed no patients had been under Deprivation of Liberty (DOLS) safeguards or the MCA in the six months prior to inspection.
- There were currently no routine visits from an Independent Mental Capacity Advocate (IMCA) but staff told us advocates were available if a patient wanted to speak with one.
- We observed good decision making in relation to 'best interests' during the MDT meeting regarding a patient's physical health care.

Are forensic inpatient/secure wards caring?

Good 🟢

Kindness, dignity, respect and support

- We observed staff interacting with patients in a respectful, caring and compassionate manner. Staff appeared interested and engaged in the patient's wellbeing and the care that they were providing to them.
- When staff spoke to us about patients, they showed good understanding and knowledge of their individual needs and had built up a good rapport.
- We spoke to five patients and collected nine comments cards. They told us that staff were supportive, helpful and friendly.

The involvement of people in the care they receive

- Following admission, patients had a 'buddy' who was another patient. The buddy showed the new patient around the ward and could answer any questions they might have. They received a comprehensive welcome pack written in easy to understand language. Patients had designed this, and included information in question and answer form, which was very readable. It also included a picture of the advocate for recognition.
- The speech and language therapist would assess all patients communication needs and would provide care plans, section 17 forms and section132 rights in easy to understand formats, dependent on the individual patient's needs. They had a communication passport, which ensured people from outside the hospital could understand their needs.
- Patients we spoke with had received a copy of their care plan and told us they had been involved in the design of it. During the multi-disciplinary team meeting (MDT), patients used emoji's (faces) to explain how they were feeling, which would aid staff when updating risk assessments. The advocate would also attend MDT, which ensured the wider team were aware of the patients' views.

Forensic inpatient/secure wards

- An advocate attended the unit on a weekly basis, who also acted as an Independent Mental Health Act Advocate (IMHA). Patients were able to book appointments to see him, and could contact him throughout the week if they wanted to.
- Families and carers could visit at weekends and patients had home visits. The social worker would visit the patient's homes, speak with relatives, and conduct a home risk assessment; arrangements would be organised for the patient visit following this.
- Patients attended community meetings each week. Staff gave information, including feedback from incidents or complaints, and patients gave feedback. We saw easy read minutes of meetings displayed in the communal areas of the hospital. These meetings also gave the patient ambassador the opportunity to give and gain feedback from his peers, with the aim of sharing their views at the wider patient alliance meetings. He would attend the patient alliance meetings with a staff member on a monthly basis, which included other patients from the PiC hospitals, to share experiences and discuss common issues.
- Patients were encouraged to give feedback to their peers at the community meetings, using the Reinforce, Appropriate, Implode, and Disruptive (RAID) model. Staff told us this had reinforced good behaviours within the peer group, as patients with the most 'green' behaviours received a weekly excellence award. Whilst on inspection, patients spoke positively about this method, and we observed discussions between them about the need to stay 'green'.
- The patient ambassador role ensured dissemination of patient views at service development meetings, and in the recruitment of staff.

> **Are forensic inpatient/secure wards responsive to people's needs?**
> (for example, to feedback?)
>
> **Good** ●

Access and discharge

- The majority of referrals to the hospital came from NHS England's East Midlands Commissioning team and other independent mental health providers including Calverton Hill hospital, which was a PiC medium secure

hospital within the region. Staff from Hazelwood House assessed each patient and formulated a care plan and risk assessment, prior to admission, to decide if they were suitable for the ward.

- Average bed occupancy between 1 August 2015 and 31 January 2016 was 99.8%. There were four vacancies at the time of inspection.
- There were no delayed discharges between 1 August 2015 and 31 January 2016.
- We saw evidence of discharge planning throughout the patient record. Discharge to supported accommodation usually occurred. NHS England undertook an annual review on each patient, called a care and treatment review (CTR). They worked together with the unit, to facilitate timely discharge. The average length of stay had reduced to one to two years. Before 'Transforming Care' – guidance from NHS England, to ensure people with learning disabilities receive the right care at the right time, in the right place, patients could remain on the ward for many years.

The facilities promote recovery, comfort, dignity and confidentiality

- The ward was spacious, with sufficient space to safely manage the number of patients. There were two large communal areas, one on each floor. Patients were able to move around the building as they wished, apart from mealtimes.
- Patients had their own bedrooms, which were en-suite, over both floors of the unit. Patients had key fobs to lock their rooms so personal belongings were secure. We saw bedrooms that were personalised and patients had brought in their own items from home.
- There were separate activity room's available and quiet areas to sit. There was a family room where patients could see their visitors in private.
- The ward had a large secure outdoor area and patients could access the garden with the support of two staff at pre-arranged allotted times. Patients told us they could access the outdoor area outside of these times, but only with staff.
- Patients did not have unsupervised access to areas or rooms with ligature points.
- Patients had access to their mobile phones and could use the ward phone in private if they wanted to.
- Patients told us the food was good and they had a choice of what they wanted to eat. We saw menus displayed in the communal areas, including picture

representations. They were able to order a takeaway on occasion. Hot drinks were available at any time for patients although this area was secure, and they had to ask staff to allow access.

- We saw evidence of a full and well-supported activity programme, led by the occupational therapist. There was a good range of group work and one to one sessions aimed at supporting patient recovery. Each patient helped to design their own easy read timetable; participation was encouraged by staff. Groups included social skills in the community, problem solving and group outings. Informal ward activities such as pool tournaments, board games, art and crafts were always available, throughout the week.
- Education courses at the local college aimed at improving literacy and numeracy skills were available; some patients told us they attended the college. The unit participated in 'pet therapy', which involved a dog who would visit, and patients would help look after him.
- Patients took the lead in certain tasks across the ward, such as cooking, cleaning and feeding the fish. Patients discussed rotas during community meetings.

Meeting the needs of all people who use the service

- There was good disabled access on the ground floor of the ward. Patients with impaired mobility used the downstairs bedrooms.
- A wide variety of information was available in easy read language or pictures, especially in the communal areas. Posters and leaflets were visible on treatment options, complaints procedure, local services and patient rights. Patients received a welcome pack on admission to the ward, designed by previous patients, which was theirs to keep and refer to throughout their stay.
- Staff told us interpreters and/or signers were readily available if required.
- The service considered patients' ethnicity, and catered for specialist dietary requirements.
- A 'multi faith' room was available for all patients to access. It contained a bible and a Quran.

Listening to and learning from concerns and complaints

- There had been seven formal complaints received in the twelve months before inspection. The service had

partially upheld two and was investigating another. None of the complaints were referred to the Independent Sector Complaints Adjudication Service (ISCAS).

- One partially upheld complaint was about alleged bullying; the other related to an alleged assault.
- Patients knew how to complain. They could complain directly to ward staff or the MDT, and raise complaints in the community meetings. Information was in simple language; they could use advocacy to forward any complaints. Patients received feedback in community meetings or on a one-to-one basis.
- Staff and advocacy supported patients to complain.
- Staff showed good awareness of the complaints policy and there was a clear process in place to manage complaints effectively, both formal and informal.
- The hospital recorded all informal and formal complaints, and attempted to resolve these as soon as possible. The manager would escalate them to the PiC complaints officer if the patient was not happy with the response.
- The hospital monitored and audited all complaints; lessons learned and any identified common themes were discussed at PiC integrated governance meetings and shared with staff through team meetings, emails and supervision.

Are forensic inpatient/secure wards well-led?

Good ●

Vision and values

- Staff understood how the values of the organisation influenced the care they provided and they formed the structure of their annual appraisal. We saw information on PiC visions and values displayed throughout the hospital environment.
- Staff told us they had seen directors visit the ward, and were aware of their wider management team.

Good governance

Forensic inpatient/secure wards

- Records showed 94% of staff had completed overall mandatory training as of April 2016. We reviewed supervision records and staff appraisals whilst on inspection. All were up to date and completed to a good standard.

- Appropriate numbers of trained staff were on each shift and staff told us that direct patient care was their priority.
- Staff participated in clinical audits, in order to improve and maintain the quality of the service they provide.
- Learning from incidents, complaints and service user feedback was evident.
- Procedures relating to safeguarding, MCA and MHA were widely followed
- Staff were able to access 'dashboards' which were used to monitor Key Performance Indicators for the ward. Hazelwood House were meeting their targets at the time of inspection.
- These dashboards informed a 'board to ward' approach to quality governance across PiC sites, and the monthly regional clinical governance group discuss results. This meant all staff had access to, and awareness of governance issues that relate to their service.
- The hospital manager was able to feedback any concerns about the ward to PiC managers in monthly meetings and submitted items to the risk register as required.

Leadership, morale and staff engagement

- Hazelwood house had undertaken a staff survey in December 2015; however, results of this were not available at the time of inspection.

- Sickness rates at February 2016 were 2.06%, which was low.
- No bullying and harassment, or disciplinary and grievance cases had been reported.
- Opportunities for leadership and further training were available.
- Awareness amongst the staff group was good in relation to whistleblowing; all were aware of the policy and felt confident that they could raise concerns without fear of victimisation.
- Staff were encouraged to share ideas and thoughts; we saw evidence in team meeting minutes. Some staff felt they were able to input ideas into the service and told us of the staff consultancy committee.
- Staff recently attended an away day. They had reported some tensions within the working team, and the day facilitated better working relationships. Staff told us that morale had since improved, and they worked well as a team.
- Staff told us they enjoyed their job and the patient group gave them a sense of satisfaction and joy.
- Staff were open and honest with patients when things go wrong, as seen in community patient minutes.

Commitment to quality improvement and innovation

- The hospital took part in the Quality Network for Forensic Mental Health Services (QNFMHS). This meant that it received peer reviews from similar services. The last review was in March 2016; it received a score of 90% compliant against the QNFMHS quality standards.

Outstanding practice and areas for improvement

Outstanding practice

The speech and language therapist had developed a model to show a diabetic patient the impact sugar was having on his body.This meant the patient received education about his physical health in a format he was able to understand.