

# Ansel Clinic Nottingham







## Quality Report

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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 have rated services as good overall because:

- The hospital acted to meet the requirement notices we issued after our inspection in April 2016.
- We found the service had made changes to keeping their electrical equipment up to date with safety stickers and Cambian (the provider) had updated and published the Mental Health Act Code of Practice (2015) policies
- We also found safe staffing levels that allowed staff to care for the patients.
- The staff kept care plans that reflected the involvement of the patient and care records were up to date, well written and detailed.
- Regular audits were taken in areas such as ligature risk, environmental risk and medicine management.
- Staff used relevant guidance from the National Institute of Health and Care Excellence when providing therapies.
- Specialised training was available to help staff understand the patient group better.
- A local GP ran a well persons clinic weekly at the hospital.

# Summary of findings

## Our judgements about each of the main services

### Service

#### Forensic inpatient/ secure wards

### Rating

### Summary of each main service

We rated low secure/forensic services as good overall because:

- Following our inspection in April 2016, we rated the services as good for responsive, caring and well led. Since that inspection, we have received no information that would cause us to re-inspect these key questions or change the ratings.
- During this most recent inspection, we found that the services had addressed the issues that had caused us to rate safe and effective as requires improvement following the April 2016 inspection.

The low secure/forensic service was now meeting Regulations 15 and 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

Good



# Summary of findings

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### Summary of this inspection

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Good



# Ansel Clinic Nottingham

**Services we looked at**

Forensic inpatient/secure wards

# Summary of this inspection

## Background to Ansel Clinic Nottingham

The Ansel Clinic Nottingham is a specialist low secure mental health rehabilitation service for men with a personality disorder, who also present with complex mental health needs and challenging behaviours. All patients are detained under the Mental Health Act. There was a registered manager on the day of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered persons have legal responsibility for meeting the requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and associated regulations about how the service is run.

The Ansel Clinic is registered to provide: assessment or medical treatment for persons detained under the Mental

Health Act 1983; diagnostic and screening procedures and treatment of disease, disorder or injury. There are two wards, Ancaria and Acorn, both with 12 beds. Both wards are male only.

We previously inspected this hospital on 9 and 10 October 2012, 8 October 2013, 6 March 2013, 9 July 2015 and 25 and 26 April 2016.

Between 14 May 2014 and 1 November 2016 there were four Mental Health Act review visits to Ansel Clinic Nottingham. A Mental Health Act reviewer joined us on this inspection.

## Our inspection team

Team leader: Nicholas Warren

The team that inspected the service comprised an inspection manager, two CQC inspectors and a Mental Health Act Reviewer.

## Why we carried out this inspection

Following the April 2016 inspection, we told the provider it must make the following actions to improve low secure/forensic services

- The provider must ensure Cambian Mental Health Act policies are updated to reflect the Mental Health Act 1983 current code of practice (2015)
- The provider must ensure that clinic equipment is consistently checked and calibrated
- The provider must ensure electrical safety checks are undertaken and the safety stickers are displayed.

These related to the following regulations under the Health and Social Care Act (Regulated Activities) Regulations 2014:

Regulation 15 - Premises and equipment

Regulation 17 Good governance

We undertook this unannounced, focussed inspection to find out whether the Ansel Clinic Nottingham had made improvements to their forensic inpatient/secure wards since our last comprehensive inspection of the location in April 2016.

The requirements under these requirement notices were met on this inspection and we rated safe and effective as good.

As the focused inspection took place within six months from publication of the comprehensive inspection report, we have re-rated the safe and effective domain to good from requires improvement and this changes the overall rating for Ansel Clinic Nottingham, from requires improvement to good.

# Summary of this inspection

## 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, we reviewed information that we held about Ansel Clinic Nottingham. This information suggested that the ratings of good for responsive, caring and well led, that we made following our April 2016 inspection, were still valid. Therefore, during this inspection, we focused on those issues that had caused us to rate the service as requires improvement for safe and effective. We also made a few recommendations at the last inspection that will be followed up at the next comprehensive inspection.

During the inspection visit, the inspection team:

- visited both wards at the hospital, looked at the quality of the ward environment and observed how staff were caring for patients
- spoke with three patients who were using the service
- spoke with the registered manager and the nominated individual
- spoke with other staff members; including, nurses, occupational therapist, psychologist and social worker
- looked at the Mental Health Act policies
- took into account findings from the most recent Mental Health Act Review visit to Ancaria ward
- attended and observed a morning meeting for patients
- collected feedback from patients using comment cards
- looked at care and treatment records of patients
- carried out a specific check of the medication management on two wards
- looked at a range of policies, procedures and other documents relating to the running of the service. This included the staffing rotas, incident reports and safeguarding records.

## Information about Ansel Clinic Nottingham

When the CQC inspected the service in April 2016, we found that the trust had breached regulations. We issued the trust with two requirement notices for low secure/forensic services. These related to the following regulations under the Health and Social Care Act (Regulated Activities) Regulations 2014:

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

Regulation 17 HSCA (RA) Regulations 2014 Good governance

## What people who use the service say

Patients said they thought staff were supportive. Two patients said there was a shortage of staff and one patient commented that some staff were inconsiderate. One patient told us there had been occasions where there was only one member of staff on the ward.

# 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 re-rated safe as good because:

- The hospital maintained safe staffing levels. The service had enough staff to care for the number of patients and their level of need. Vacancy rates and turnover had improved since our last inspection. Staff supported bank and agency staff and kept shifts filled.
- Nursing staff spent time with patients. This helped consistency of care and increased knowledge of patient progress. It also gave the patient an identified person to discuss their care.
- Restraint was only used as a last resort.
- Blanket restrictions were minimal and individually risk assessed, patient's liberty and other rights were only restricted where necessary for safety.
- Staff understood what incidents were and how to report them.
- All staff were trained in safeguarding and knew how to make a safeguarding referral.

However,

- In the last inspection we recommended that the provider should ensure that all staff are aware of the correct procedures to follow for seclusion. The Mental Health Act Code of Practice 2015 is clear seclusion should be a last resort when all other interventions such as de-escalation have failed. Requesting a patient to put themselves into seclusion is not supported in the Mental Health Act Code of Practice (2015). This will be followed up at our next comprehensive inspection.

Good



### Are services effective?

We re-rated effective good because:

- Care records were up to date, well written and detailed.
- All patients received annual physical healthcare checks and offered specialist advice where required.
- Staff used relevant guidance from the National Institute for Health and Care Excellence when providing therapies.
- A local GP attended the hospital weekly to provide a well person clinic.
- Staff were involved in undertaking audits across a range of areas.
- There were regular multidisciplinary meetings for patients.
- Specialised training was available to help staff understand the patient group better.

Good





# Summary of this inspection

- Psychologists provided regular monthly group supervision sessions.
- The manager was in the process of opening a recovery college.

However:

- Following the last inspection we recommended that the provider should ensure that all medicine charts have the correct consent to treatment authorisation based on capacity to consent attached to all medicine charts. This will be followed up at our next comprehensive inspection.

## Are services caring?

At the last inspection in April 2016 we rated caring as good. Since that inspection we have received no information that would cause us to re-inspect this key question or change the rating.

However:

- Following the last inspection we recommended that provider should ensure that patient privacy and dignity was protected. This will be followed up at our next comprehensive inspection.

Good



## Are services responsive?

At the last inspection in March 2016 we rated caring as good. Since that inspection we have received no information that would cause us to re-inspect this key question or change the rating.

Good



## Are services well-led?

At the last inspection in April 2016 we rated well-led as good. Since that inspection we have received no information that would cause us to re-inspect this key question or change the rating.

However,

- Following the last inspection we recommended that the provider should ensure that all medicine charts have the correct consent to treatment authorisation based on capacity to consent attached to all medicine charts. This will be followed up at our next comprehensive inspection.

Good



# Forensic inpatient/secure wards

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

## Are forensic inpatient/secure wards safe?

Good 

### Safe and clean environment

- The hospital entrance was bright, airy and clean. The reception staff on our arrival undertook all appropriate security checks.
- There were two wards at Ansel clinic and each ward had the same layout. There were blind spots created by the angle of the corridors on both wards. Staff reduced the risk from these by observation and controlling access to shared spaces such as therapy rooms by locking the rooms when not in use.
- Managers and staff assessed potential ligature risks each year. Staff had carried out the last audit in October 2016. Ligature points are fixtures or fittings to which patients' intent on self-harm might tie something to strangle themselves. Staff had identified risks and reduced them by locking certain rooms and maintaining observations.
- We saw staff observing the ward areas during the inspection.
- Clinic rooms were fully equipped with an examination couch, scales, emergency medicines and related emergency equipment such as a defibrillator and oxygen cylinders. We saw logs demonstrated daily checks of oxygen cylinders and the defibrillator. A specialised company tested and checked for accuracy the emergency equipment in May 2016 following our previous inspection when we found no calibration records.
- Ancaria ward had seclusion facilities. The seclusion facilities met the standards set out in the Mental Health Act Code of Practice. The seclusion room was clean and well maintained and staff carried out daily checks of the environment to ensure that it was clean and well maintained.
- All ward areas were clean. We saw a cleaning rota showing housekeeping staff cleaned the wards thoroughly and regularly. However; the imitation leather sofas in the lounge on Acorn ward were well worn and the furniture in the quiet room was stained.
- Nottingham City Council awarded Ansel Clinic a Food Hygiene Rating of five (the highest) on 13 August 2014. Food hygiene ratings reflect the standard of cleanliness and hygiene in the kitchen.
- Staff followed infection control principles including handwashing. All hand wash containers had alcohol hand-gel in them and we saw staff use these.
- Equipment was well maintained and clean, and safety stickers were visible and in date. On our last inspection, these were not present on all items. We saw a list of all electrical equipment that a specialist had tested and safety stickers were now in place for all electrical items.
- The registered manager carried out an environmental risk assessment in March 2016. In that assessment, all risks had already been identified and managed appropriately.
- Staff carried personal alarms. In addition, nurse call alarms were available in all patient areas. This ensured that extra help could be asked for in emergencies and helped staff feel safe.

### Safe staffing

- Before and during our inspection, we received complaints from staff and patients about safe staffing levels. These complaints were regarding activities or

# Forensic inpatient/secure wards

leave cancelled due to not enough staff. There had also been concerns raised by staff and patients that there were not always enough staff on the ward to deal with difficult circumstances and that there were not enough male staff. On the day of our inspection, there was only one male member of nursing staff on duty. We saw that other male staff were on a training day. However, there were other male staff (gym instructor and psychologist) present.

- We looked at duty rotas from 19 September 2016 until 16 November 2016 and saw that the numbers on the rota matched the number of staff required per shift. In many cases, additional staff were present. Between September 19 2016 and October 16 2016, 15 out of 28 day shifts had extra support staff above the required minimum. In the same period, extra trained staff had worked on 14 out of 28 days.
- There were 14 male support workers out of 30 and six out of ten trained male staff. Between 19 September 2016 and 16 October 2016, management had covered the shifts with a mix of male and female staff.
- The provider submitted no unsafe staffing incident report forms between 19 September 2016 and 16 November 2016.
- The total establishment numbers of registered nurses was 8. Total establishment numbers of support workers was 30. Nursing staff worked 12-hour shifts. The staffing complement for both wards on day shifts was two registered nurses and nine support workers. On night shifts the staffing complement was set at two registered nurses and four support workers. Managers were available to cover wards when needed seven days a week. We saw that managers had been used to provide cover when needed. This meant sufficient staff were on duty to meet the changing patient need.
- The service used regular bank staff to cover shortfalls on the staffing rota. Temporary staff were oriented to the ward and provided with a structured induction to allow them to work safely with the patients. Between 19 September 2016 and 16 November 2016, agency staff covered 26 shifts out of 224. Management had been working hard to reduce the use of agency staff.
- Registered nurses were not always present in communal areas of the ward. There was one registered nurse on duty on each shift and when they had to dispense medicines or attend multidisciplinary team meetings, they could not be present. We saw senior managers

were available to cover these periods. Senior support workers were present in communal areas at all times during our inspection. There was no evidence to indicate this had a detrimental effect on patients.

- Care records demonstrated patients had daily one to one time with nursing staff.
- The registered manager and ward managers reviewed the staffing levels daily and were able to make changes as necessary to meet the needs of the patients.
- Some patients complained staff had cancelled their leave due to staffing levels. A review of their records showed that staff had cancelled leave due to their poor health. We found no evidence that staff had cancelled activities due to poor staffing levels. Senior staff sometimes rearranged leave so that staffing levels could meet safe requirements.
- A full time consultant psychiatrist provided medical cover during normal working hours (Monday – Friday 9-5) and there was an on call system for out of hours cover. The NHS emergency services and out of hours GP service provided emergency medical cover. .
- Staff were 100% up to date with appropriate mandatory training.

## Assessing and managing risk to patients and staff

- Between August 1 2016 and November 16 2016 there had been seven episodes of seclusion and five of these had been with the same patient. Staff regarded the use of seclusion as a last resort and used for the shortest time possible. Staff worked with patients to de-escalate disturbed behaviours.
- Between the same dates there had been 45 episodes of restraint and 42 of these had been with the same patient. Staff had not used prone restraint in any episode. Restraint had only been undertaken after other attempts to de-escalate the situation had taken place.
- There was no recorded use of long term segregation in the time period April 2016 to October 2016
- We reviewed ten care records. Staff used recognised risk assessment tools such as short term assessment of risk for treatment and historical and clinical risk management 20 version three to assess risk. The historical and clinical risk management 20 version three provides an evidence-based guideline that aids clinical formulations of violence risk, structures clinical judgements and informs management interventions.

# Forensic inpatient/secure wards

This risk assessment is useful in this type of low secure environment where patients present with more challenging behaviour than on an acute or rehabilitation unit.

- Patients had positive behaviour support plans to address identified risks. Positive behaviour support plans are individualised plans that provide primary, secondary and tertiary strategies to address risks with the aim of avoiding risk incidents by intervening early in the least restrictive way. Positive behaviour support plans are fundamentally rooted in person centred values, aiming to enhance community presence, increasing personal skills and competence and placing emphasis on respect for the individual being supported. The positive behaviour support plans we looked at the showed careful consideration to patient involvement.
- Staff used blanket restrictions such as locked doors only when justified by the potential risk. Although there were restrictions around the use of mobile phones, patients were allowed phones without camera and internet access. All restrictions had been risk assessed for the individual patient.
- There were policies and procedures for use of observation. We read patient notes and were satisfied staff followed the policies appropriately.
- There had been no use of rapid tranquillisation between 1 August 2016 and 16 November 2016.
- All Staff were trained in safeguarding and knew how to make a safeguarding referral. There had been 16 safeguarding referrals made between 8 July 2016 and 13 November 2016.
- Staff managed and stored medicines safely at the hospital. Staff correctly reported and recorded medicine errors. Medicine charts we reviewed were correctly written and contained all the appropriate signatures. Medication audits we examined showed that errors had been seen and corrected.
- There were safe procedures for children visiting which had been risk assessed by a social worker from Cambian.

## Track record on safety

- Management had reported one serious incident between 1 August 2016 and 24 November 2016. This concerned a member of staff assaulted by a patient.

## Reporting incidents and learning from when things go wrong

- Staff said they knew what an incident was and they knew how to report and who to report the incident to. Newly appointed staff were supported in recognising incidents and reporting them.
- We saw by looking at the patient records that all incidents that staff should report had been.
- Staff and patients told us staff were open and honest and explained to patients when things went wrong.
- Staff received feedback from the investigation of incidents in staff meetings, by email and in supervision. During our last inspection, we found the feedback had not been effective due to the same incidents being repeated. This time we saw that management had reviewed the incidents and management had taken action to try to reduce them happening again.
- Staff told us senior nurses debriefed them after serious incidents and offered further support.

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

Good 

## Assessment of needs and planning of care

- We looked at ten patient care records and all care records we reviewed demonstrated comprehensive and timely assessments completed after admission. Staff had obtained some of the information as part of the referral process.
- All the care records reviewed contained up to date, personalised, holistic, recovery-oriented care plans.
- Staff had undertaken physical examination of the patient on admission and subsequent health checks were undertaken regularly.
- Patients had signed the care plans and where patients had not signed them, staff had given the reason.
- The hospital used an electronic system and paper notes to record information. This information was stored securely but was accessible to all relevant staff. There were grab sheets available to help staff understand the most important aspects of the patients' care such as current risk and medication if the patient had to transfer for emergency care quickly.

## Best practice in treatment and care

# Forensic inpatient/secure wards

- Staff followed National Institute of Health and Care Excellence guidance when prescribing medication. All medication we reviewed was within British National Formulary limits. The British National Formulary is the authoritative guide on medication prescribing and gives practical information on the selection and clinical use of medicines.
- The psychologist provided psychological therapies recommended by the National Institute of Health and Care Excellence. One of the assessment tools used was the Chart of Interpersonal Relationships in Closed Living Environments. It gives a measure of interpersonal characteristics of adults in secure settings and is based on staff observation. This means individuals who were unwilling or unable to complete a conventional self-report measure can still be assessed.
- A local GP ran a well persons clinic weekly at the hospital. There had been a meeting on the day of our inspection between a ward manager and the local GP to help develop the annual physical healthcare checks further.
- We saw patients had appropriate leave to attend hospital appointments. Staff had rearranged one appointment after contacting the hospital clinic to make sure there would be no adverse effects to the patient.
- Staff used a recognised outcome measure called the health of the nation outcome scales to monitor patients' improvement.
- Staff participated in various audits for example medication management and infection control.
- The hospital had started its own recovery college for the patients. A recovery college can give the student an opportunity to develop self-confidence, learn new and exciting new skills and prepare for moving into the community.
- The hospital had given training to the local police force to help it deal with incidents arising from patients' ill health.

## Skilled staff to deliver care

- A full range of mental health disciplines had input to patient care. The multidisciplinary team comprised a psychiatrist, a psychologist, psychology assistant, an occupational therapist, a social worker and registered nurses. A current vacancy for a specialised doctor was soon to be filled. There were other disciplines employed by the hospital which included a therapy coordinator, maintenance staff, kitchen staff and cleaning staff.

- Staff were suitably experienced and qualified for their role. All support workers worked towards the care certificate. All staff had received training in working with people with a personality disorder.
- Staff received an induction before starting work with the patients. The induction provided mandatory training as well as orienting new staff to the provider's policies and procedures governing staff and their work.
- Staff received individual supervision once a month. They could attend reflective practice group supervision once a month. Staff said this was a good group as it gave them opportunities to discuss specific patient issues and discuss providing best care.
- A hundred percent of non-medical staff had received an appraisal in the 12 months prior to our inspection apart from those staff that had been in post for less than a year.
- Specific specialised training was currently available to help staff work with this particular patient group.
- In the past management had addressed poor staff performance promptly and effectively. There were no current staff performance issues to note.

## Multi-disciplinary and inter-agency team work

- The multidisciplinary team met weekly and patients were rostered to be seen every two weeks. The team reviewed the patient's current situation taking into account their mental state and any identified risks. The multidisciplinary team also reviewed the patient's Section 17 leave entitlement and medication prescriptions.
- There was a full and comprehensive handover between shifts with staff discussing all of the patients' needs, observation levels, risks, completed activities, and leave plans. Staff highlighted any escorted or unescorted leave that patients had taken. Staff discussed medication compliance and stages of patient self-medication programmes. Staff provided an overview of individual patient presentations and mental states.
- There were effective working relationships with teams outside of the organisation such as local authority safeguarding teams and GPs. Recent feedback from NHS England was very positive over their handling of a recent difficult situation.

# Forensic inpatient/secure wards

- Staff had good relationships with local voluntary organisations that supported patients to secure employment in the local community. This could be challenging due to some patients offending history.

## Adherence to the Mental Health Act (MHA) and the MHA Code of Practice

- On the day of inspection, all patients were detained under the Mental Health Act.
- The corporate Mental Health Act policy had been updated to reflect the Code of Practice since our last inspection.
- All staff had completed training in the Mental Health Act and staff were aware of the restrictions this may place on patients.
- Staff were aware of the updated Code of Practice and copies of it were visible throughout the hospital. Training had also been provided internally and all staff were up to date with the training.
- Of the six medicine files scrutinised all detained patients had treatment authorisation forms for medication attached to medication charts. This enabled staff to understand the legal authority under which medication was being given.
- All treatment was provided under an appropriate legal authority. The consent to treatment rules under section 58 of the Mental Health Act applied. The statutory treatment forms were kept with the prescription cards along with a current photo of the patient.
- There was evidence that the responsible clinician had explained to patients the decision of the second opinion doctor when they had attended the hospital.
- Records confirmed staff had explained patients' rights on a regular basis. Patients appeared to have a good understanding of their legal status.
- Staff filled in detention paperwork correctly and it was up to date and stored securely.
- The hospital completed regular audits on the consent to treatment forms and second opinion appointed doctor requests.
- Mental Health Act administrative support and legal advice was available from the Mental Health Act administration and regionally.
- There was a noticeboard with information on about the Mental Health Act and patients' rights
- An independent mental health advocate visited the ward every week. The advocate had also provided their photo and contact details for the ward noticeboard.

- We were unable to locate a detailed discussion between the doctor and the patient where the treatment was authorised by a statutory treatment form known as a T2 (patient consent to treatment).

## Good practice in applying the Mental Capacity Act

- On the day of inspection, no patients were subject to the Mental Capacity Act or Deprivation of Liberty Safeguards.
- Staff could explain what the guiding principles of the Act were.
- There was a policy on the Mental Capacity Act and the Deprivation of Liberty Safeguards staff could refer to if unsure.
- Staff had training in the Mental Capacity Act and Deprivation of Liberty Safeguards. All staff that required the training had completed it. Staff completed an annual refresher by way of an electronic learning package.
- All records had a capacity assessment present and these were detailed and specific. We saw staff reviewed them periodically through ward round.
- The manager informed us that the team made best interest decisions on behalf of patients who lacked capacity.

## Are forensic inpatient/secure wards caring?

Good 

At the last inspection in April 2016 we rated well-led as **good**. Since that inspection we have received no information that would cause us to re-inspect this key question or change the rating.

## Forensic inpatient/secure wards

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

Good 

At the last inspection in April 2016 we rated responsive as **good**. Since that inspection we have received no information that would cause us to re-inspect this key question or change the rating.

**Are forensic inpatient/secure wards well-led?**

Good 

At the last inspection in April 2016 we rated well-led as **good**. Since that inspection we have received no information that would cause us to re-inspect this key question or change the rating.

# Outstanding practice and areas for improvement

## Outstanding practice

The hospital had started to open its own recovery college for the patients.

The hospital had given training to the local police force to help it deal with incidents arising from patients' ill health.