

Good 

Cambridgeshire and Peterborough NHS Foundation Trust

Forensic inpatient/secure wards

Quality Report

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Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/unit/team)	Postcode of service (ward/unit/team)
RT113	Fulbourn Hospital	George MacKenzie House	CB21 5EF

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

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Summary of findings

Overall summary

We rated the forensic inpatient/secure ward as good because

- Staffing levels were safe and recruitment was in progress for vacancies. The ward was also awaiting 3 staff nurses to start. Staff were up to date with mandatory training. Staff were trained in and aware of safeguarding requirements.
- There was an effective incident reporting system in place and there was learning from serious incidents. All staff knew how to report an incident.
- Comprehensive assessments were completed in a timely manner. Care records showed personalised care which was recovery oriented. Physical healthcare needs were considered during admission and patients' had access to the same. Risk assessments were recorded and updated regularly. The ward used HCR-20 and the trust risk assessment processes. All patients were assessed prior to going on leave.
- Medicines were managed safely and there was learning from medication incidents.
- Staff were respectful and caring when they spoke with people.
- Managers monitored performance and addressed any issues. Staff had received appraisals. All staff said they could raise issues with their manager if required and

action would be taken. Clinical and managerial supervision was taking place for qualified staff. Staff knew who the senior managers and executive directors were.

- Staff were aware of the trust's vision and values and could describe them. They had met the chief executive who had worked on the ward. They said they felt supported by the board members and senior management. Staff said they had raised issues with the chief executive and felt they had been heard and action had been taken. Staff said morale was high.
- All staff had access to appropriate alarm system and support from other wards when required. All staff inducted into the unit in order to access keys.
- The ward was awarded the recovery award for 2015.

However:

- The seclusion room was placed away from main area of the ward on the male side of the ward and did not have en-suite facilities. Access to a toilet meant taking the patient out of the seclusion area.
- There was no record of supervision for unqualified staff.
- There were some blanket restrictive practices on the ward.
- The food was rated as poor by patients.

Summary of findings

The five questions we ask about the service and what we found

Are services safe?

We rated services as good for safe because:

- The ward was clean and split into two with separate male and female areas allowing staff a clean line of sight. Sufficient staff were on duty.
- The ward had limited ligature risks which were all mitigated via current and up to date risk assessments.
- The clinic room was fully equipped and the resuscitation equipment was checked regularly. Records of this kept with the equipment.
- The seclusion room had clear observation, two way communications and a clock could be viewed from the room.
- All admissions to the ward are planned prior to admission and all patients admitted are subject to a multi-disciplinary discussion.
- The trust risk assessments were used and updated in ward rounds and care programme approach (CPA) meetings.
- The ward used the trust policy on observation and searching of patients. Care plans relating to 1:1 observations and associated care plans were scanned into their electronic notes (RIO).
- Medicines management was managed appropriately with appropriate clinic room and storage for all medicines.
- There was a facility for children to visit relatives within the secure area. This area was away from the main ward to ensure that people under the age of 18 visiting the ward were safe.
- The incident reporting system (Datix) was up to date and relevant to the ward.

However

- The seclusion room was placed away from main area of the ward on the male side of the ward and did not have en-suite facilities. Access to a toilet meant taking the patient out of the seclusion area. This could create a risk.

Good



Are services effective?

We rated services as good for effective because:

- All care plans were up to date, personalised and individual. Four out six care plans showed discharge planning.
- Psychological therapies were available for patients.

Good



Summary of findings

- The team was multidisciplinary consisting of consultant psychiatrist, specialist registrar, nurses, occupational therapist, social worker and support workers.
- The ward had a working relationship with the local forensic community team, local rehabilitation ward where patients were transferred to upon discharge and police liaison officer police.
- The staff had a good understanding of the Mental Health Act (MHA) and the code of practice.
- The ward had good recording of MHA information for individual patients and was available for inspection.
- The staff were trained and had an understanding of the MCA.

However:

- The care records showed physical healthcare was provided however the ward identified that accessing GP services on an on-going basis was a problem. The doctors on the ward provide physical health checks.

Are services caring?

We rated services as good for caring because:

- The ward was calm and relaxed with staff interacting therapeutically with patients on the ward.
- Nursing staff were respectful and acted with dignity toward the patient group. Patients felt that the staff treated them well with dignity and an understanding of patients' needs.
- Patients were orientated to the ward and its role upon admission.
- All patients had access to an advocacy service on a regular basis. Advocacy attended ward rounds and the ward when required to, patients contacted them directly.
- The ward had a carers group and carers could attend ward rounds and/or CPA meetings.
- The ward had won the trust recovery award for 2015 as a reward for their ethos of seeing the patient holistically.

However:

- Patients were not involved in staff recruitment.
- Three patients told us they were not involved in their care planning.

Good



Are services responsive to people's needs?

We rated services as good for responsive because:

Good



Summary of findings

- The beds on George MacKenzie ward were for patients within the trust catchment area and there was evidence of a clear care pathway out of secure care.
- Patients were only transferred to a non-secure environment or discharged to the community when a section 117 meeting had taken place.
- The ward had a full range of rooms that supported therapy and activities and provided activities 7 days a week.
- Patients were able to personalise their rooms.
- The ward had access for disabled people.
- The ward provided information leaflets and posters on advocacy and ward staff knew how to handle complaints appropriately. Feedback was given to staff on complaints and investigation via monthly governance meetings as well as via emails from the trust.
- Patients had access to spiritual support as and when required

However:

- Discharges had been delayed due to problems with provision of accommodation upon discharge. This was due to the lack of appropriate housing. The ward started the housing applications earlier than normal to try and mitigate this issue.
- The food was of a poor quality and was highlighted in the 2014 Patient Led Assessments of the Care Environment (PLACE) feedback. Drinks and snacks were not available 24 hours a day.

Are services well-led?

We rated services as good for well led because:

- The staff felt they were part of the trust and agreed with the trust and ward objectives and that this was reflected in their ways of working. The ward staff were aware of the chief executive and spoke highly about him and stated he had visited and worked on the ward.
- The ward followed promise (a trust project funded and supported by the National Institute of Health Research team).
- The ward had effective systems to monitor local governance including appraisals, supervision, mental capacity act and mandatory compliance. The ward had a risk register in place. The ward held monthly governance meetings when staff were offered the opportunity to feedback on the service.
- The ward had a low sickness rate at 3%.
- The ward staff were aware how to raise safeguarding concerns and how to use the whistle-blowing process.

Good



Summary of findings

- The consultant and the ward manager had been in place for the last 20 years. According to the staff interviewed was the ward was led very well by both who had a clear vision for the ward.
- The ward is part of the College Centre for Quality Improvement (CCQI's) project to audit & review services against established guidelines and standards (scored 89%).

Summary of findings

Information about the service

George Mackenzie House is a low-secure unit with facilities to care for up to 20 patients, both men and women, who are under the care of either the general consultant psychiatrist or the forensic consultant psychiatrist.

At the time of inspection there were 18 patients on the ward, 13 men and 7 women. It takes patients on both part 2 and part 3 of the Mental Health Act. All patients were detained.

The purpose of George Mackenzie House is to provide assessment and therapeutic treatment for adults with mental health issues who require interventions within a safe and secure environment.

This ward was at Fulbourn Hospital, Cambridge.

The trust had been inspected 12 times on unannounced visits and 15 Mental Health Act review visits since registration in 2009.

Our inspection team

Our inspection team was led by:

Chair: Professor Steve Trenchard, Chief Executive, Derbyshire Healthcare NHS Foundation Trust

Team Leader: Julie Meikle, Head of Hospital Inspection (mental health) CQC

Inspection Manager: Lyn Critchley

The team included CQC managers, inspection managers, inspectors, Mental Health Act reviewers and support staff and a variety of specialist and experts by experience that had personal experience of using or caring for someone who uses the type of services we were inspecting.

The team that inspected the forensic inpatient/secure ward team consisted of a CQC inspection manager, CQC inspector, a psychiatrist, a nurse and social worker all of whom had recent mental health service experience and an expert by experience who had experience of using mental health services.

The team would like to thank all those who met and spoke to inspectors during the inspection and were open and balanced with the sharing of their experiences and their perceptions of the quality of care and treatment at the trust. They had prepared for our visit by gathering relevant information and availability of staff and service users to meet or speak with us.

Why we carried out this inspection

We inspected this core service as part of our ongoing 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 these services, asked a range of other organisations for information and sought feedback from patients at three focus groups.

We carried out an announced visit from 18 to 22 May 2015.

During the inspection visit, the inspection team:

Summary of findings

- Visited the low secure ward, George MacKenzie House and looked at the quality of the ward environment and observed how staff were caring for patients
- Spoke with 6 patients who were using the service.
- Spoke with the manager for the ward.
- Spoke with 12 other staff members; including doctors, nurses and social workers.
- Attended and observed a hand-over meetings and one multi-disciplinary meeting.
- Looked at 6 treatment records of patients.
- Carried out a specific check of the medication management on the ward.
- 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

We spoke with six out of the 18 patients on the ward. They said staff were well trained and treated them with respect and dignity. The patients spoke positively about their involvement with the redesign of the garden.

Three patients said they felt unsafe in relation to an incident that had happened recently and staff were aware of it. The staff monitored the patient involved and gave support and reassurance to other patients.

Three patients felt involved in their care and three did not.

Good practice

There was a range of groups and individual one to ones.

The use of restraint and seclusion was lower than expected for a low secure unit, given the challenging environment and no use or prescribing of rapid tranquillisation.

The ward had won the trust's recovery award for 2015.

Appraisals for all staff were completed and of a good standard.

Areas for improvement

Action the provider **SHOULD** take to improve

- The ward should ensure that patients' involvement in their care is documented.
- The ward should request a review of the food delivered to the ward.
- The ward should review patients' access to bedrooms and to hot drinks during the day.
- The ward should review service user's access to general practitioners services.

Cambridgeshire and Peterborough NHS Foundation Trust

Forensic inpatient/secure wards

Detailed findings

Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
Forensic inpatient/secure ward - George MacKenzie House	Fulbourn Hospital

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.
- All the patients on the ward were detained under the Mental Health Act 1983. All detention documentation was in order and available, with a review of detention and evidence of tribunals and hearings being held or pending.
- Information about advocacy was available on the ward in patient areas. Advocacy also attended the ward reviews.

Mental Capacity Act and Deprivation of Liberty Safeguards

- Staff had received training in the use of the Mental Health Capacity Act 2005 and Deprivation of Liberty Safeguards. (100% amongst qualified staff).
- Mental capacity and consent to treatment were recorded on the trust's electronic system including the discussion with the patient and how the responsible clinician reached their decision about capacity.
- Information about advocacy was available on the ward in patient areas.

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

- The layout of the ward was split into two areas with separate male and female areas which allowed staff to observe all parts of the ward with clear lines of sight.
- The ward environmental risk assessments were undertaken regularly. The ward manager showed evidence of regular risk assessments updated on the ward and audited regularly.
- The ward complied with guidance and the Mental Health Code of Practice on same sex accommodation with separate sleeping, bathing and private lounge areas for male and female patients
- The clinic room was fully equipped and the resuscitation equipment was checked regularly. Records of this were kept with the equipment.
- The seclusion room had clear observation, two way communications and a clock could be viewed from the room. The seclusion room did not have en-suite facilities. Access to a toilet meant taking the patient out of the seclusion area. Only one period of seclusion has occurred in the last 12 months. There was evidence all staff had read and signed to say they understood the seclusion policy. The seclusion room was placed away from main area of the ward on the male side of the ward. One female in 18 months had been secluded. The ward had developed a de-escalation area on the female side of the ward.
- The ward was clean and the furnishings were of good quality. There was evidence of recent decorating on the ward with paint colours chosen by patients. This was verified in patient interviews.
- The staff on the ward had an effective alarm system and were part of a response team to provide assistance to other parts of the hospital.

Safe staffing

- The Trust had recently reviewed staffing levels using professional judgement. As part of this process, the Ward completes the Trust safer staffing tool and works in partnership with other ward areas and the Duty Nursing Officer to support the allocation of any surplus staff to those areas with the greatest need. The number

of whole time equivalent staff and the daily allocation of staff reflected the number of staff on duty. This was confirmed when the last two months duty rosters inspected.

- Rosters were published two weeks in advance. This was confirmed in staff interviews.
- The ward only used bank staff employed in the trust and all staff who worked on the ward were inducted into that area. A high percentage (84%) of shifts were covered by permanent staff members of staff or regular bank staff. All bank staff were inducted into the unit using the ward induction package before being given keys.
- The ward manager had the autonomy to adjust staffing levels and mix according to the requirements of the ward.
- Qualified staff were present in communal areas at all times. Where possible a team leader is in charge of the ward during the day shift.
- Enough staff were on duty to ensure individual sessions occurred. Patient interviews confirmed this.
- Four patient escorts were cancelled from 27 April to 18 May 2015 owing to staffing issues. No activities were cancelled because of staff shortages. This was supported during patient interviews.
- There were enough staff on duty to ensure physical interventions occurred if required. Staffing numbers were sufficient to support other areas. Each ward on the site had a member of staff allocated to support those areas that had called for assistance. This was evidenced by reviewing rosters and observing staff.
- The number of medical staff was sufficient for purpose. The staff included a staff grade, registrar and two consultant psychiatrists.

Assessing and managing risk to patients and staff

- All admissions to the ward were planned prior to admission and all patients admitted were given a multi-disciplinary assessment which included appropriate risk assessments. This was confirmed by NHS England commissioner who stated the ward tried to manage risk positively.

Are services safe?

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

- The trust risk assessments were updated in ward rounds and review meetings. In addition staff and the patient collectively completed a risk assessment prior to leaving the ward on leave.
- The ward used the trust policy on observation and searching of patients. Care plans relating to 1:1 observations and associated care plans were scanned into the electronic notes.
- The ward record showed minimal restraint used on the ward. Two restraints recorded for the period 1 April 2014 to 31 March 2015. All staff were trained in the use of restraint. The ward had a strong emphasis on using de-escalation and this was confirmed by the low restraint reporting.
- The ward manager stated that rapid tranquilisation was not used on the ward. No patient had been prescribed rapid tranquilisation on their medicine card.
- Seclusion was used appropriately. The last seclusion reported was 25 December 2014. All records were kept in an appropriate manner and evidence showed that all staff signed and read the seclusion policy.
- The ward had safeguarding leads trained by the trust. All staff on the ward were aware of who these staff were and reported safeguarding issues directly to them. During our visit three of the patients indicated that they felt unsafe owing to other patients' presentation. The staff were aware of the incident and had completed a safeguarding referral. This was supported by records seen with associated appropriate actions and plans.
- Medicines were managed appropriately. The ward had a clinic room with storage for all medicines.
- In the staff areas for example clinic rooms and staff rooms, there were posters on pressure ulcers and what to do about falls.
- There was a facility for children to visit relatives within the secure area. This area was away from the main ward to ensure that people under the age of 18 visiting the ward were safe.

Track record on safety

- The incident reporting system was up to date and relevant to the ward. There were 91 incidents recorded in last 12 months, patient self-harm (24) and 'behavioural issues' (21) were the most prevalent.
- Improvements in safety in the area were acted on. The ward developed a female extra care area to avoid females being taken into the male area of ward.

Reporting incidents and learning from when things go wrong

- All staff knew how and to whom to report incidents and that all incidents should be reported. A review of the electronic system supported this.
- The staff on the ward were open and honest. This was confirmed by patient interviews.
- The staff received feedback on learning from incidents within the trust via monthly governance meetings within the ward. Minutes of these meetings were seen. The same monthly governance meetings provided an opportunity to feedback learning, review current procedures on the ward and offer support to staff. An example was the development of the female de-escalation process. There was evidence of listening to staff and patients concerns.
- There was limited evidence of specific debrief after serious incidents but in mitigation the ward had not had many.

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

- The care records showed physical healthcare was provided however the ward had identified that accessing GP services on an on-going basis was a problem. The doctors on the ward provide physical health checks. They had developed a business case to request funding for one or two sessions per week.
- All care plans were up to date, personalised and individualised. Four out of six care plans showed discharge planning.
- The ward uses an electronic notes system which was accessible to all disciplines within the ward. External documents were scanned onto the system.

Best practice in treatment and care

- The prescribing of medication on the ward was appropriate and in line with relevant guidelines.
- Psychological therapies were available for patients to access, including daily group sessions and individual programmes. Named nurses met with patients to discuss topic of these sessions. Music and anxiety management groups, art therapy and a gardening group were also available. We saw evidence of these. A tutor from a local college attended once a week to provide basic skills in education particularly maths and English.
- Patients were able to access emergency care when required.
- The staff used NEWS (national early warning signs) scores. All staff induction included 'stop, think, act' which highlights importance of relational security.
- The staff participated in clinical audit. There were audits on capacity assessment and consent, infection control and CPA reviews. Evidence of this was seen via the minutes of the monthly governance meetings held on the ward which included staff of all grades.

Skilled staff to deliver care

- The ward had a full multi-disciplinary team which included medical, nursing, psychological, occupational therapy and sports instructors.
- All staff were qualified, in their particular field and received appropriate training, supervision and appraisals to allow them to work safely. All records seen were in date and had been reviewed. There were no

supervision records for unqualified nursing staff were found however. This was acknowledged by the ward manager and they will now be included in the formal supervision process.

- Staff performance issues were addressed promptly and effectively.

Multi-disciplinary and inter-agency team work

- The ward had several handovers at changeover of staff. A multi-disciplinary team (MDT) handover took place every day weekday morning. This was confirmed by the responsible consultant, ward manager and nursing staff. Ward handovers were observed to be well coordinated.
- Weekly MDT ward rounds occurred and monthly ward rounds took place with both consultants and representatives from NHS England the responsible commissioners of the service.
- The ward had an effective working relationship with the local forensic community team, local rehabilitation ward where patients were transferred to and liaison officer police for the trust.

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

- The staff had a good understanding of the MHA and the code of practice.
- Six patient records were scrutinised on the ward and they indicated capacity assessment and consent to treatment requirements were met and consent forms were attached to the current medication forms.
- Six patients were interviewed and stated they had their MHA rights explained to them and five out of six patients stated that the consultant had explained the decisions about their individual capacity assessment. Good recording of the same was found on the wards electronic system.
- The ward was supported by a mental health team administrative team who gives guidance on MHA and capacity issues.
- The notes had good recording of MHA information for individual patients and were available for inspection.
- Evidence was seen in regard to audits completed on medication, capacity assessment and consent to treatment.

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.

- Patients confirmed that they had access to independent mental health advocacy (IMHA) services on the ward and the ward had posters and leaflets re IMHA services. On the day of the visit IMHA representative was on the ward.
- The ward staff adhered to the policy on Deprivation of Liberty safeguards (DoLS).
- Staff had an awareness of where to get advice from within the trust regarding MCA and DoLS and there were arrangements within the trust to monitor adherence to the MCA.

Good practice in applying the Mental Capacity Act

- The staff were trained and had an understanding of the MCA. Capacity and consent for individual patients was assessed when appropriate and recorded appropriately. Records included the discussion with the patient who were supported in this process by the team.

There were no Deprivation of Liberty Safeguards applications as all patients were detained under MHA.

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

- The ward was calm and relaxed and staff interacted with patients on the ward. Staff confirmed the ward manager's ethos of spending time out of the office mixing with the patient group. This was also confirmed by patient interviews. Nursing staff were respectful towards the patient group.
- Patients felt that the staff treated them well with dignity.
- Staff on the ward showed an understanding of patient's needs and this was evidenced by the thorough nature of handovers and ward rounds we witnessed.

The involvement of people in the care that they receive

- Patients upon admission were orientated to the ward and its role. All patients were assessed and had met the clinical team prior to admission.
- There was a mixed opinion from patients of involvement in the care planning process. Some patients said they

were involved, four others said they were not.

Involvement in care planning process was not always recorded although we saw evidence of care plans being individualised. All patients said they were given the option to attend ward rounds and review meetings.

- All patients had access to an advocacy service on a regular basis. Advocacy workers attended ward rounds and the ward. When required patients contacted them directly.
- The ward had a carers group and carers could attend ward rounds and/or CPA meetings.
- The ward had a community meeting every day and also published minutes. The ward had evidence of 'you asked we did' on notice boards. An example requesting involvement in gardening project and choosing paint on the female side.
- The ward had won the trust recovery award for 2015 as a reward for their ethos of seeing the patient holistically. The ward actively used a recovery planning tool.
- The ward at the time did not use patients within the recruitment process of any staff employed there.
- No patients had advanced decisions in place.

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

- The beds on George MacKenzie ward were for patients within the trust catchment area.
- A bed was kept for patients on their return from leave.
- There was evidence of a clear care pathway out of secure care to wards/community facilities identified in the catchment area.
- Patients were not moved during their admission and were only transferred to a non-secure environment or discharged to the community when a section 117 meeting had taken place.
- If a patient required a bed elsewhere due to deterioration in their mental state they would be referred to medium secure care. NHS England who commissions the beds would be involved in this process.
- Discharge had been delayed due to issues around providing accommodation upon discharge. This was due to the lack of appropriate housing. The ward started the housing applications earlier than normal to try and mitigate this issue.

The facilities promote recovery, comfort, dignity and confidentiality

- The ward had a full range of rooms that supported therapy and activities. This included quiet rooms and a separate visiting area for families and carers to visit. It had a fully functioning clinic room in which to examine patients in private.
- Patients were able to make private phone calls.
- The ward had access to outside space with a secure garden which patients have assisted in landscaping.

- The food was of a poor quality and was highlighted in the Patient Led Assessments of the Care Environment PLACE feedback. Drinks and snacks were not available 24 hours a day. There was no access at night or when group sessions were taking place.
- Patients were able to personalise their rooms although we didn't observe many that had. Patients had been encouraged in picking the paint colour for communal areas.
- Secure storage was available for all patients.
- The ward provided activities seven days a week with the sports instructor working across weekends.

Meeting the needs of all people who use the service

- The ward had access for disabled people.
- The ward provided information leaflets and posters on advocacy, complaints procedure, local community activities.
- Patients had access to spiritual support when required.

Listening to and learning from concerns and complaints

- Patients were aware of how to complain and the ward demonstrated this with 'you said we did' posters. Example include patients requested involvement in gardening project and to choose paint on the female side.
- The ward staff knew how to handle complaints appropriately.
- Feedback was given to staff on complaints and investigations via the monthly governance meetings as well as via emails from the trust.

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 staff felt that were part of the trust and agreed with the trust and ward objectives, and that this was reflected in their ways of working. The ward was a positive place to work where staff stated they felt supported. This was highlighted when the ward was awarded the recovery award for 2015, six staff had won quality heroes awards from the trust and the ward manager had previously won awards for their leadership.
- The ward followed promise (which was a trust project funded and supported by the National Institute of Health Research team).
- The ward staff were aware who the chief executive was and spoke highly of him and stated he had visited and worked on the ward.

Good governance

- The ward had effective systems to ensure that the ward manager can monitor that:
 - staff received mandatory training
 - All qualified staff were supervised monthly and appraised yearly. Evidence from records of three staff across the grades supported this view.
 - Nursing shifts were covered by sufficient numbers and grade of staff. Staff maximised shift-time on direct care activities and this was verified in interviews with staff and patients.
 - Staff participated in clinical audit.
 - All incidents were reported and staff learned from incidents, complaints and service user feedback. This was evidenced in their monthly governance meetings.
 - Safeguarding, MHA and MCA procedures were followed.
 - Governance information was stored on the ward and was an agenda item on the wards monthly governance meetings, staff meetings and the ward manager's monthly meeting with their manager.

- The ward manager had sufficient authority and administrative support.
- The wards risk register was available on the ward for all to see and staff were aware of the process involved in making additions to it. They were also aware how to submit items to the trust risk register.

Leadership, morale and staff engagement

- The ward had low sickness and absence rates which gave evidence toward morale being high on the ward. Evidence was provided by the ward manager and we saw records.
- Staff were aware how to raise safeguarding concerns.
- Staff were aware how to use the whistle-blowing process and staff spoken with felt able to raise concerns through the appropriate channels. The staff interviewed felt empowered on the ward and, in interviews with a cross section of six staff, they stated they enjoyed the job although the environment challenging at times.
- Staff nurses were encouraged to work with more senior staff for development and attended leadership course organised by the trust.
- Support for staff and team work was evident in team meetings notes and records of regular supervision. The meeting minutes indicated that staff had opportunity to give feedback on the ward.
- The staff worked in an open way and fed back to patients when required via daily community meetings.
- Staff were offered the opportunity to feedback on the service via the monthly governance meetings.
- The consultant and the ward manager had been in place for the last 20 years. The view expressed by the staff interviewed that the ward is led very well by both who have a clear vision for the ward.

Commitment to quality improvement and innovation

- The ward was part of the quality network for forensic mental health framework (scored 89%) and also was involved in working towards accreditation for inpatient mental health services (AIMS).