

## St Andrew's Healthcare

# St Andrew's Healthcare - Essex

### Inspection report

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

### Ratings

#### Overall rating for this location

Inadequate



Are services safe?

Inadequate



Are services effective?

Inadequate



Are services caring?

Requires Improvement



Are services responsive to people's needs?

Requires Improvement



Are services well-led?

Requires Improvement



# Summary of findings

## Overall summary

St Andrew's Healthcare Essex location is situated in North Benfleet, Essex. St Andrew's Healthcare also have locations in Northampton and Birmingham.

At St Andrew's Healthcare Essex, the services provided include patient centered care for both men and women with a personality disorder and/or mental health issues in both a low secure and locked environment.

St Andrew's Healthcare Essex location has been inspected 7 times.

St Andrew's Healthcare Essex location is registered to provide the following regulated activities:

- Treatment of disease, disorder or injury
- Assessment or medical treatment for persons detained under the 1983 Act

### **Our rating of this location went down. We rated St Andrew's Essex as inadequate because:**

- The service did not always provide safe care. Patients had no access to nurse call systems so that patients could summon help if required.
- The service did not ensure staff had easy access to resuscitation equipment. We were not assured that staff could access resuscitation equipment in a timely way in an emergency.
- Patients were not always removed from seclusion at the earliest opportunity. The seclusion room on Danbury ward was out of use due to a broken monitor.
- Staff did not always follow the National Institute for Health and Care Excellence guidance when using rapid tranquillisation.
- Observations were happening at predictable intervals and staff did not always follow the provider's policy and procedures on the use of enhanced support when observing patients assessed as being at higher risk of harm to themselves or others.
- Managers did not ensure a rehabilitation model was embedded on Maldon ward. Staff were not aware of a rehabilitation model and managers acknowledged changes were required to embed a model of rehabilitation on the ward. Patients on Maldon ward did not have access to employment and educational opportunities and did not receive regular psychology sessions to support them in their recovery. The service managed activities offered by occupational therapists and technical instructors across the whole service to ensure activities were available to patients according to individual need and presentation. However, activities offered on some wards were limited. Patients could not all access the kitchen on the wards, could not independently access drinks and relied on staff to provide these.
- Not all staff we spoke with on the forensic ward could demonstrate a good understanding of the Mental Capacity Act and at least the 5 principles.
- Staff did not always support, inform or involve families and carers in patients' care and treatment or give feedback on the service. Staff did not give carers information on how to find the carers' assessment. Relatives and carers did not all know how to complain or raise concerns. Managers did not always share outcomes from complaints with staff. Staff did not produce holistic, recovery orientated care plans that included goal setting and co-production with patients. Managers audited care plans, but this did not ensure improvements were made to the quality of care plans.

However

# Summary of findings

- Staff on Maldon ward assessed and managed risk well. They minimised the use of restrictive practices, managed medicines safely and followed good practice with respect to safeguarding.
- Staff on the forensic wards developed holistic, recovery-oriented care plans informed by a comprehensive assessment. They provided a range of treatments suitable to the needs of the patients and in line with national guidance about best practice. Staff engaged in clinical audit to evaluate the quality of care they provided.
- Managers ensured staff received training, supervision and appraisal. The ward staff worked well together as a multidisciplinary team and with those outside the ward who would have a role in providing aftercare.
- Staff planned and managed discharge well and liaised with services that would provide aftercare. As a result, discharge was rarely delayed for other than a clinical reason.

We issued the provider with a warning notice telling the provider they had breaches of regulation in the following areas: no call bells in patient bedrooms for patients to alert staff in an emergency, staff were not complying with completing enhanced patient observations safely or in line with their policy, managers did not ensure a rehabilitation model was embedded on Maldon ward, patients on Maldon ward did not have access to employment and educational opportunities and did not receive regular psychology sessions to support them in their recovery.

# Summary of findings

## Our judgements about each of the main services

### Service

**Acute wards for adults of working age and psychiatric intensive care units**

Requires Improvement



### Rating

### Summary of each main service

#### **Acute wards for adults of working age and psychiatric intensive care units core service:**

Our rating of this service went down. We rated it as requires improvement because:

- Managers had not ensured call bells were available in patient bedrooms so that patients could summon help if required. The service did not ensure staff had easy access to resuscitation equipment which were kept on another ward. We were not assured that staff could access resuscitation equipment in a timely way in an emergency.
- Staff did not always follow the National Institute for Health and Care Excellence guidance when using rapid tranquillisation. Staff did not always store all prescribing documents in line with their guidance. Nursing staff could not find consent to treatment forms on the provider's electronic recording system on the day of our inspection. These forms were later printed out by other staff for us to review. Not all staff could access patient risk assessments at the time of our inspection.
- Staff did not always follow the provider's policy and procedures on the use of enhanced support when observing patients assessed as being at higher risk of harm to themselves or others. We were not assured that staff were observing patients in a way that maintained the patients' safety. Records showed that staff had observed patients at regular predictable intervals. Not all patient's personal emergency evacuation plans accurately reflected the patient or their needs.
- The service managed activities offered by occupational therapists and technical instructors across the whole service to ensure activities were available to patients according to individual need and presentation. However, activities offered on some wards were limited.

# Summary of findings

- Not all staff treated patients with compassion and kindness. Not all staff respected patients' privacy and dignity. Staff did not always support, inform or involve families and carers in patients' care and treatment. Staff did not help families to give feedback on the service. Staff did not give carers information on how to find the carer's assessment. Relatives and carers did not know how to complain or raise concerns. Managers did not always share outcomes from complaints with staff.

However

- The ward environments were safe and clean. Staff minimised the use of restrictive practices.
- Staff developed holistic, recovery-oriented care plans informed by a comprehensive assessment.
- The ward teams included or had access to a range of specialists required to meet the needs of patients on the wards. Managers ensured that these staff received training, supervision and appraisal. The ward staff worked well together as a multidisciplinary team and with those outside the ward who would have a role in providing aftercare.

## Long stay or rehabilitation mental health wards for working age adults

### Requires Improvement



We have not previously rated Maldon ward. Since the inspection the provider told us this ward has now been repurposed and changed to a different type of ward. We rated it as requires improvement because:

- Managers did not ensure call bells were available in patient bedrooms so that patients could summon help if required. The service did not ensure staff had easy access to resuscitation equipment which were kept on another ward. We were not assured that staff could access resuscitation equipment in a timely way in an emergency.
- Managers did not ensure a rehabilitation model was embedded on Maldon ward. Staff were not aware of a rehabilitation model and managers acknowledged changes were required to embed a model of rehabilitation on the ward.

# Summary of findings

- Patients did not receive a full range of treatments to meet their rehabilitation needs. Patients did not have access to employment and educational opportunities and did not receive regular psychology sessions to support them in their recovery. Patients could not access the kitchen on the ward, could not independently access drinks and relied on staff to provide these. Patients did not have opportunities to be able to self-medicate or access cooking sessions unless this was held off the ward.
- Staff did not produce holistic, recovery orientated care plans that included goal setting and co-production with patients. Managers audited care plans, but this did not ensure improvements were made to the quality of care plans.
- Patients told us they did not have regular opportunities to provide feedback. However, after the inspection, managers provided information about meetings and forums available for patients to provide feedback.

However:

- The service provided safe care. The wards had enough nurses and doctors. Staff assessed and managed risk well. They minimised the use of restrictive practices, managed medicines safely and followed good practice with respect to safeguarding.
- Managers ensured staff received training, supervision and appraisal. The ward staff worked well together as a multidisciplinary team and with those outside the ward who would have a role in providing aftercare.
- Staff understood and discharged their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and understood the needs of patients.

**Forensic  
inpatient or  
secure wards**

**Requires Improvement**



**Forensic inpatient or secure wards core service:**

Our rating of this service went down. We rated it as requires improvement because:

# Summary of findings

- The service did not always provide safe care, as patients had no access to nurse call systems and the seclusion room on Danbury ward was out of use. We found issues with unpleasant smells across 2 wards.
- Staff did not always complete appropriate records for enhanced observations and seclusion, and patients were not always removed from seclusion at the earliest opportunity.
- Staff did not always meet patients' dietary needs.
- Not all staff we spoke with could demonstrate a good understanding of the Mental Capacity Act and at least the 5 principles.
- We observed that staff did not always maintain patients' confidentiality when talking to them about their care in communal areas.
- Patients told us that they could not always access the kitchen or garden freely due to staff being unavailable or busy.
- We found one poster in the noticeboard which was inappropriate to be displayed in a patient area.
- Patients told us they did not always receive feedback from managers after submitting a complaint.

However:

- The wards had enough nurses and doctors. Staff assessed and managed risk well, except for one potential ligature risk on Colne ward. They minimised the use of restrictive practices such as restraints and managed medicines safely.
- Staff developed holistic, recovery-oriented care plans informed by a comprehensive assessment. They provided a range of treatments suitable to the needs of the patients and in line with national guidance about best practice. Staff engaged in clinical audit to evaluate the quality of care they provided.
- The ward teams included or had access to a range of specialists required to meet the needs of patients on the wards. Managers ensured

# Summary of findings

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that these staff received training, supervision and appraisal. The ward staff worked well together as a multidisciplinary team and with those outside the ward who would have a role in providing aftercare.

- Staff understood and discharged their roles and responsibilities under the Mental Health Act 1983.
  - Staff treated patients with compassion and kindness and understood the individual needs of patients. They actively involved patients and families and carers in care decisions.
  - Staff planned and managed discharge well and liaised with services that would provide aftercare. As a result, discharge was rarely delayed for other than a clinical reason.
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# Summary of findings

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# Summary of this inspection

## Background to St Andrew's Healthcare - Essex

St Andrew's Healthcare Essex location is situated in North Benfleet, Essex, has been registered with the Care Quality Commission since 11 April 2011. St Andrew's Healthcare also have locations in Northampton and Birmingham.

The location has a registered manager and a controlled drugs accountable officer. The registered location at Essex provides men's services and women's services.

This location consists of 3 core services:

- Acute wards for adults of working age and psychiatric intensive care units
- Long stay rehabilitation mental health wards for working age adults
- Forensic inpatient or secure wards

St Andrew's Healthcare Essex location is registered to provide the following regulated activities:

- Treatment of disease, disorder or injury
- Assessment or medical treatment for persons detained under the 1983 Act

This location was most recently inspected in February 2020 in response to concerning information received through our monitoring processes. The inspection completed in February 2020 was a focused inspection. We reported on 3 of the 5 key questions; safe, caring and well led across all core services. As this was a focused inspection, we looked at specific key lines of enquiry in line with concerning information received and therefore we only reported on these. The service was not rated following this inspection, but we found areas the provider needed to make improvements to.

Requirement notices were issued for:

- Regulation 18 CQC (Registration) Regulations 2009 Notification of other incidents.
- Regulation 18 Health and Social Care Act (RA) Regulations 2014 Staffing.

A warning notice was issued for:

- Regulation 10 Health and Social Care Act (RA) Regulations 2014 Dignity and respect.
- Regulation 12 Health and Social Care Act (RA) Regulations 2014 Safe care and treatment.
- Regulation 17 Health and Social Care Act (RA) Regulations 2014 Good governance.

Prior to this, the service was inspected in September 2017. This was a scheduled, comprehensive inspection. The service was rated good overall, with safe rated as requires improvement and effective, responsive, caring and well led rated good.

A requirement notice was issued for breaches of the following regulation:

- Regulation 12 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 Safe care and treatment.

We carried out this inspection to ensure improvements were made following enforcement action we had taken at our most recent inspection in 2020.

The following services were visited on this inspection:

# Summary of this inspection

## **Acute wards for adults of working age and psychiatric intensive care units:**

We inspected the following wards:

- Audley ward is a male ward with 11 beds.
- Frinton ward is a female ward with 12 beds.
- Benfleet ward is a male acute admission ward with 16 beds.

## **Forensic inpatient or secure wards:**

We inspected the following wards:

- Danbury ward is a low secure male ward with 16 beds.
- Colne ward is a low secure female ward with 16 beds.

## **Long stay rehabilitation mental health wards for working age adults:**

We inspected the following ward:

- Maldon ward is a male ward with 6 beds.

Maldon ward opened in 2021 and had not previously been inspected by the Care Quality Commission. This was the first inspection of Maldon ward by the Care Quality Commission.

All patients receiving treatment at this location were detained under the Mental Health Act 1983.

## **What people who use the service say**

We spoke with 24 patients and 12 family members or carers across all of the 3 core services we inspected.

## **Acute wards for adults of working age and psychiatric intensive care units:**

We spoke with 14 patients and 5 carers.

Most patients told us they had been given information on admission. Patient's understanding of their rights under the Mental Health Act was variable.

Four patients told us they knew how to make a complaint. Two of these patients told us they had made a complaint. Three of the carers we spoke with told us they did not know how to raise a complaint. Three patients raised concern about a lack of activities on the ward.

Patient feedback about their care and treatment, and privacy and dignity was varied.

One patient told us they felt truly involved and what was discussed in their care planning meeting went into their care plan and they had a copy of it. One patient told us a staff member did go through their care plan with them, so they felt involved, but they were not given a copy. Three additional patients told us they did not have a copy of their care plan. After the inspection the provider told us all patients are offered a copy of their care plan. Three carers we spoke with told us they were never invited to their relative's meetings to discuss their care and treatment and were told feedback should be given to them through the nursing team, but they were never given feedback from these meetings.

## **Forensic inpatient or secure wards:**

# Summary of this inspection

We spoke with 7 patients and 5 carers.

Patients we spoke with told us staff were respectful, polite and caring. They received a welcome pack on arrival. Two patients told us there is not enough staff on the wards at times, and this sometimes leads to leave or activities being cancelled. Most patients said there were not enough staff to take them to the garden for fresh air, as garden access is supervised only. One patient mentioned that staff on the night shift often talk between themselves in their own language.

Most patients said they felt involved in their care and treatment and their views were listened to. Patients felt able to raise concerns and had good access to advocacy services.

## **Long stay rehabilitation mental health wards for working age adults:**

We spoke with 3 patients and 2 carers. All patients told us that staff were kind and treated them well. Two patients did not raise any concerns about their time on the ward. Another patient felt there was “not much to do” but stated the ward was “fine” and they “had no issues”. Both carers said the ward had a positive impact on their relative’s progress.

## **How we carried out this inspection**

During the inspection visit, the inspection team:

- visited wards on every service and observed how staff cared for patients.
- toured the clinical environments, including clinic rooms and reviewed emergency equipment.
- reviewed the medicine management on the wards, including a review of 16 medication cards.
- spoke with 24 patients that were using the service.
- interviewed 32 staff and managers, including ward managers, clinical leads, doctors, nurses, healthcare assistants, psychologists, occupational therapists, technical instructors and social workers.
- interviewed senior managers including clinical directors and head of nursing
- spoke with 12 family members or carers;
- reviewed 28 patient care records
- reviewed 6 observation records
- reviewed minutes of various ward meetings, attended handovers, environmental risk assessments, ligature risk assessments, observation records, seclusion records and community meetings.

You can find information about how we carry out our inspections on our website: <https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection>.

## **Areas for improvement**

Action the service **MUST** take is necessary to comply with its legal obligations. Action the service **SHOULD** take is because it was not doing something required by a regulation, but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

### **Action the service MUST take to improve:**

#### **Acute wards for adults of working age and psychiatric intensive care units core service**

# Summary of this inspection

- The service must ensure all patients have access to a nurse call system across all wards within the hospital site. (Regulation 12(1)).
- The service must ensure clinic rooms have accessible resuscitation equipment. (Regulation 12(1)).
- The service must ensure staff follow the provider's policy and procedures on the use of enhanced support when observing patients assessed as being at higher risk of harm to themselves or others and observe patients in a way that maintains the patients' safety. (Regulation 12(1)).
- The service must ensure it follows National Institute for Health and Care Excellence guidance when using rapid tranquillisation. (Regulation 12(1)).
- The service must ensure staff support, inform and involve families and carers in patients' care and treatment. (Regulation 9(1)).
- Leaders must ensure they have the systems and processes established and operating effectively to ensure compliance with the regulations. (Regulation 17(1)).

## **Forensic inpatient or secure wards core service:**

- The provider must ensure that patients have access to nurse call systems in their bedrooms so that they would be able to alert staff in an emergency. (Regulation 12(1)).
- The service must ensure the monitor for the seclusion room on Danbury ward is fixed or replaced so that the seclusion room is returned to use. (Regulation 12(1)).
- The service must ensure all staff understand and are able to apply their knowledge of the Mental Capacity Act. (Regulation 12(1)).
- The service must ensure that all general and enhanced observation records are completed in an accurate and timely manner. (Regulation 12(1)).
- The service must ensure that regular reviews take place for patients in seclusion and that they are removed from seclusion at the earliest opportunity. (Regulation 12(1)).
- The service must ensure that staff treat all patients with respect and dignity and maintain their privacy and confidentiality. (Regulation 10(1)).
- Managers must ensure they follow up on actions noted during governance and other management meetings. (Regulation 17(1)).
- Leaders must ensure they have the systems and processes established and operating effectively to ensure compliance with the regulations. (Regulation 17(1)).

## **Long stay rehabilitation wards for working age adults core service:**

- The service must ensure a recognised rehabilitation model of care is embedded within the long stay rehabilitation ward to meet patients' needs. (Regulation 9(1)).
- The service must ensure care plans are holistic, recovery focused to include goal setting and co-production with patients. (Regulation 9(1)).
- The service must ensure patients have access to opportunities to gain skills for community living. (Regulation 9(1)).
- The service must ensure patients have regular access to employment and education opportunities. (Regulation 9(1)).
- The service must ensure patients have access to regular psychology sessions to support them with their recovery. (Regulation 9(1)).
- The service must ensure patients are able to access the kitchen and drinks freely on the ward. (Regulation 9(1)).
- The service must ensure all patients have access to a nurse call system across all wards within the hospital site. (Regulation 12(1)).
- The service must ensure clinic rooms have accessible resuscitation equipment. (Regulation 12(1)).
- Leaders must ensure they have the appropriate systems and processes in place to ensure the model of rehabilitation is operating effectively. (Regulation 17(1)).

# Summary of this inspection

- Leaders must ensure they have the systems and processes established and operating effectively to ensure compliance with the regulations. (Regulation 17(1)).

## **Action the service SHOULD take to improve:**

### **Acute wards for adults of working age and psychiatric intensive care units core service:**

- The service should ensure all staff are kept up to date with their face to face Safeguarding level 3 training.
- The service should ensure all patient's personal emergency evacuation plans accurately reflect the patient and their needs.
- The service should ensure all patients have a care plan
- The service should ensure all staff treat patients with compassion and kindness and respect patients' privacy and dignity.
- The service should ensure families and carers are able to give feedback on the service.
- The service should ensure families and carers are aware of how to complain or raise concerns.
- The service should ensure managers share feedback from complaints with staff.
- The service should ensure patients are aware of their legal status and explain to patients their detention under the Mental Health Act in a way they can understand.

### **Long stay rehabilitation wards for working age adults core service:**

- The service should ensure patients have access to more meeting rooms.

### **Forensic inpatient or secure wards core service:**

- The service should ensure that each ligature risk assessment is revisited to identify all potential risks and ligature points, such as the soap dispenser, on the wards.
- The service should ensure that they liaise with the local authority to address unpleasant smells on 2 forensic wards to make the environment more comfortable for patients and staff.
- The service should ensure that the décor on Danbury ward is updated.
- The service should consider removing the privacy screen on the doors leading to the garden on Danbury ward.
- The service should ensure a spare key is available for the emergency drugs cupboard on Colne ward so that it can be accessed easily in an emergency.
- The service should ensure all staff are kept up to date with their face to face Safeguarding level 3 training.
- The service should ensure staff are trained in supporting people a learning disability and autism.
- The service should ensure that it meets the dietary needs of all patients.
- The service should ensure that it communicates any findings or outcomes of complaints with patients and that this is done in a timely manner.

# Our findings






## Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Acute wards for adults of working age and psychiatric intensive care units	Inadequate	Good	Requires Improvement	Good	Requires Improvement	Requires Improvement
Long stay or rehabilitation mental health wards for working age adults	Requires Improvement	Inadequate	Good	Requires Improvement	Requires Improvement	Requires Improvement
Forensic inpatient or secure wards	Requires Improvement	Requires Improvement	Requires Improvement	Good	Requires Improvement	Requires Improvement
<b>Overall</b>	Inadequate	Inadequate	Requires Improvement	Requires Improvement	Requires Improvement	Inadequate

# Acute wards for adults of working age and psychiatric intensive care units

Requires Improvement 

Safe	Inadequate 
Effective	Good 
Caring	Requires Improvement 
Responsive	Good 
Well-led	Requires Improvement 

## Is the service safe?

Inadequate 

Our rating of safe went down. We rated it as inadequate.

### Safe and clean care environments

Not all clinic rooms were well equipped. Patients did not have access to patient alarms.

### Safety of the ward layout

Patients did not have access to nurse call systems across all wards within the hospital except for one accessible bedroom on Frinton ward. The provider mitigated this by ensuring staff continuously monitored bedroom corridors and we were told if patients felt unsafe, they would be observed at shorter intervals for their safety. We were concerned that patients would not be able to access help in an emergency. However, staff had easy access to alarms.

Staff completed and regularly updated thorough risk assessments of all ward areas and removed or reduced any risks they identified. Each ward had detailed accessible environmental risk assessments.

Staff could observe patients in all parts of the wards. Managers had installed convex mirrors on wards where staff did not have clear lines of sight.

The ward complied with guidance and there was no mixed sex accommodation. All wards were single sex wards.

Staff knew about any potential ligature anchor points and mitigated the risks to keep patients safe. Managers had completed a ligature risk assessment for each ward. A ligature risk is a fixed item to which a patient might tie something for the purpose of self-strangulation.

### Maintenance, cleanliness and infection control

Ward areas were clean, well maintained, well-furnished and fit for purpose.



# Acute wards for adults of working age and psychiatric intensive care units

Requires Improvement 

Staff made sure cleaning records were up-to-date and the premises were clean. The provider employed staff specifically to maintain the cleanliness of the wards. Staff followed infection control policy, including handwashing. Where there were risks or new admissions, staff wore face masks but once the infection control team had completed a risk assessment and any actions required had been taken, masks no longer had to be worn on the wards as per government COVID-19 guidance.

## Seclusion room

Seclusion rooms on Audley ward and Frinton ward allowed clear observation and 2-way communication. They had a toilet and a clock. There was no seclusion room on Benfleet ward. Patients on Benfleet ward were secluded in the seclusion room downstairs on another ward. Access to this seclusion room was via the lift. We were told there had been three occasions since the ward opened in March 2022 where patients from Benfleet ward had been secluded on another ward downstairs. We were told staff used the appropriate techniques to transfer patients to the seclusion room via the lift. The transportation of patients to the seclusion room was not documented in the Benfleet health and safety risk assessment at the time of our inspection, but this was rectified the week after our visit.

## Clinic room and equipment

Not all clinic rooms had accessible resuscitation equipment. The emergency resuscitation equipment bag for Benfleet ward was kept on Danbury ward which is in the same building. Staff would not be able to access this in a timely way if required. However, all clinic rooms were fully equipped otherwise, with any emergency drugs that staff checked regularly.

Staff checked, maintained, and cleaned equipment regularly.

## Safe staffing

**The service had enough nursing staff to keep patients safe. All nursing and medical staff knew the patients and received basic training to keep people safe from avoidable harm.**

## Nursing staff

The service had enough nursing and support staff to keep patients safe. The service had high vacancy rates. As of May 2022, Frinton ward had a vacancy rate of 27%. For the same time period, Benfleet ward had a vacancy rate of 22% and Audley ward had a vacancy rate of 12%. The provider told us that vacancy rates had increased due to changes to the charity-wide staffing model introduced at the end of January 2022. This model increased required staffing establishments on most wards. Staffing establishments were now based on patient acuity and included staffing required to deliver enhanced support provision.

The service had variable rates of bank use. We reviewed bank use from March 2022 to May 2022. Audley ward's use of bank staff ranged from 20% to 28%. As of May 2022, bank use was at 20%. Benfleet ward's use of bank staff ranged from 11% to 26%. As of May 2022, bank use was at 16%. Frinton ward's use of bank staff ranged from 21% to 27%. As of May 2022, bank use was at 21%.

The service rarely used agency staff. We reviewed agency staff usage from March 2022 to May 2022 and agency had only been used once on Benfleet ward in April 2022.

# Acute wards for adults of working age and psychiatric intensive care units

Requires Improvement 

Managers requested bank staff familiar with the service.

Managers made sure all bank and agency staff had a full induction and understood the service before starting their shift. We saw introduction forms for each ward which listed initial things you needed to know.

The service had variable turnover rates. We reviewed the staff turnover rates from March 2022 to May 2022. Audley ward had the highest staff turnover rate in this time period and as of May 2022 this was 25%. As of May 2022, Frinton ward had a turnover rate of 15%. Benfleet ward had a 0% turnover rate.

Levels of sickness were variable. We reviewed sickness levels from March 2022 to May 2022. Frinton ward staff sickness ranged from 7% to 13%. As of May 2022, sickness levels were at 13%. Audley ward staff sickness ranged from 4% to 18%. As of May 2022, sickness levels were at 8%. Benfleet ward staff sickness ranged from 8% to 21%. As of May 2022, sickness levels were at 8%. Managers supported staff who needed time off for ill health.

Managers accurately calculated and reviewed the number and grade of nurses and healthcare assistants for each shift. The provider told us they had introduced a new safer staffing tool in January 2022 where required staffing establishments were increased on most wards. Staffing establishments were now based on patient acuity and included staffing required to deliver enhanced support provision.

The ward manager could adjust staffing levels according to the needs of the patients. Managers told us they could bring in extra staff to cover increased patient observations if required.

Staff attempted to hold regular 1 to 1 sessions with patients. We saw evidence that if patients declined this, staff recorded patients had declined it in their care records.

Patients rarely had their escorted leave or activities cancelled, even when the service was short staffed. One staff member told us although occupational therapy activities had been cancelled on occasion due to sickness or training, nurse led activities did not get cancelled.

The service had enough staff on each shift to carry out any physical interventions safely.

Staff shared key information to keep patients safe when handing over their care to others. All wards used the same computer system which all staff could access.

## Medical staff

The service had enough daytime and night-time medical cover and a doctor available to go to the ward quickly in an emergency. There was an out of hours rota for doctors to cover each of the wards.

## Mandatory training

The mandatory training programme was comprehensive and met the needs of patients and staff. Staff had completed and kept up to date with their mandatory training. As of 31 May 2022, permanent staff had an overall compliance rate of 95% on Audley ward, 94% on Frinton ward and 91% on Benfleet ward.

Managers monitored mandatory training and alerted staff when they needed to update their training.

# Acute wards for adults of working age and psychiatric intensive care units

Requires Improvement 

## Assessing and managing risk to patients and staff

**Staff did not always observe patients in a way that maintained the patients' safety. However, staff assessed risks to patients and themselves well and followed best practice in anticipating, de-escalating and managing challenging behaviour. Staff used restraint and seclusion only after attempts at de-escalation had failed. The ward staff participated in the provider's restrictive interventions reduction programme.**

### Assessment of patient risk

Staff completed risk assessments for each patient on admission, using a tool specific to the provider, and reviewed this regularly, including after any incident. Staff updated risk assessments at the weekly multi-disciplinary meetings and more frequently where required.

### Management of patient risk

Staff assessed risks to patients and themselves well and knew about any risks to each patient. However, staff had not always acted to prevent or reduce risks. Staff did not always follow the provider's policy and procedures on the use of enhanced support, when observing patients assessed as being at higher risk of harm to themselves or others. We found that staff were not completing patients' observations in accordance with the providers Enhanced Support Policy which stated: "The frequency of observation is once within every 5, 10, 15 or 30 minutes. For example, if a patient is on 15-minute enhanced support the patient could be checked at 1001, 1013, 1024 etc."

We reviewed 5 patient observation records across Audley ward and Frinton ward and were not assured that staff were observing patients in a way that maintained the patients' safety. We reviewed patient records between 27 May 2022 and 15 June 2022. Records showed that staff had observed patients at regular predictable intervals for periods of between 2 and 18 hours. Staff were completing 4 checks in the hour, but these were completed at predictable 15-minute intervals. On Audley ward we found 4 days where a patient had been observed at predictable 15-minute intervals for periods of between 2 hours and 13 hours and 15 minutes between 27 May 2022 and 30 May 2022. On Frinton ward we found staff had observed 4 patients at regular predictable 15-minute intervals for periods of between 2 hours and 18 hours between 9 June 2022 and 15 June 2022.

Staff knew about any risks to each patient. Staff completed crisis management plans for patients who were on Audley ward and Frinton ward. All patients on Benfleet ward had a positive behaviour support plan. Staff formulated all risk management plans in the weekly multi-disciplinary meetings. Patients were central in the development of both risk management and behaviour support plans.

Staff identified and responded to any changes in risks to, or posed by, patients. Staff reviewed risk assessments and positive behaviour support plans; where patients who required them had them, regularly, including after incidents. Patients had access to areas such as de-escalation and quiet rooms.

Staff followed procedures to minimise risks where they could not easily observe patients. We saw convex mirrors up in the wards to support the observation of patients.

Staff followed the service's policies and procedures when they needed to search patients or their bedrooms to keep them safe from harm.

### Use of restrictive interventions

# Acute wards for adults of working age and psychiatric intensive care units

Requires Improvement 

Levels of restrictive interventions were low. We viewed data from March 2022 to May 2022. On Audley ward restrictive interventions ranged from 1 to 11 restraints. In May 2022 there was 1 restraint. On Frinton ward restrictive interventions ranged from 2 to 4 restraints for the same time period. In May 2022 there were 3 restraints. On Benfleet ward restrictive interventions ranged from 0 to 1 restraint for the same time period. In May 2022 there was 1 restraint.

Staff understood the Mental Capacity Act definition of restraint and worked within it. Staff made every attempt to avoid using restraint by using de-escalation techniques and restrained patients only when these failed and when necessary to keep the patient or others safe. Staff participated in the provider's restrictive interventions reduction programme, which met best practice standards.

Staff did not always follow the National Institute for Health and Care Excellence guidance when using rapid tranquillisation. We were shown the provider's quality improvement plans for Audley ward and Frinton ward. This showed that staff had not always monitored or recorded post rapid tranquillisation physical observations in line with guidance. However, the service had taken steps to address this issue and rates of the use of rapid tranquillisation were reducing.

When a patient was placed in seclusion, staff kept clear records and followed best practice guidelines. We reviewed seclusion records for 2 patients and found a clear rationale for seclusion to continue.

Staff followed best practice, including guidance in the Mental Health Act Code of Practice, if a patient was put in long-term segregation.

## Safeguarding

**Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.**

Staff generally had received training on how to recognise and report abuse, appropriate for their role. Most staff kept up to date with their safeguarding training. As of 31 May 2022, the compliance rate for training for permanent staff in safeguarding children, young people and adults (level 1 and 2) on Frinton ward was 83%, Audley ward 100% and Benfleet ward 100%. For the same time period, the compliance rate for training in safeguarding level 3 online training for permanent staff on Frinton ward was 80%, Benfleet ward 90%, and Audley ward 100%. However, not all staff had kept up to date with their face to face safeguarding Level 3 training. As of 31 May 2022, the compliance rate for face to face training in Safeguarding Level 3 for permanent staff on Frinton ward was 50% and Benfleet ward 80%. However permanent staff on Audley ward had a compliance rate of 100%.

Staff could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act. Staff knew how to recognise adults and children at risk of or suffering harm and worked with other agencies to protect them.

Staff followed clear procedures to keep children visiting the ward safe. There was a family room adjoined to the main reception building where visits could be held so young children did not have to go into the main hospital.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. Social workers took the lead on making these referrals to the local authority and informing the Care Quality Commission whilst staff immediately put a protection plan in place to safeguard patients.

# Acute wards for adults of working age and psychiatric intensive care units

Requires Improvement 

## Staff access to essential information

**Not all staff had easy access to clinical information. However, this was rectified following feedback from the inspection. It was easy for staff to maintain high quality clinical records – whether paper-based or electronic.**

Not all staff could access patient risk assessments. Patients' risk assessments were kept on the provider's shared drive which healthcare assistants could not access. None of the healthcare assistants we spoke to perceived this as a problem. The provider's mitigation for this was that all patient risks were documented in patient crisis plans and the risks were documented daily in progress notes and on the board in the office for all staff to see. The provider rectified this shortly after our inspection so that all staff could access patient risk assessment records. However, patient notes were comprehensive.

Although the service used a combination of electronic and paper records, staff made sure they were up-to-date and complete. Staff ensured any paper records were scanned onto the electronic care recording system.

When patients transferred to a new team, there were no delays in staff accessing their records using the electronic recording system.

Records were stored securely. All computers and laptops were password protected and all offices were locked.

## Medicines management

**The service generally used systems and processes to safely prescribe, administer, record and store medicines. Staff regularly reviewed the effects of medications on each patient's mental and physical health.**

Staff followed systems and processes to prescribe and administer medicines safely. Staff used electronic prescribing when administering medicines. We reviewed 5 prescription charts on Benfleet ward and found no errors or omissions.

Staff reviewed each patient's medicines regularly and provided advice to patients and carers about their medicines. We saw evidence of this in patients' records. Pharmacists regularly checked prescribing, recording, administration and storage of medicines. Three patients told us they were given a booklet with information about medication and asked before any medication was increased.

Staff stored and managed all medicines safely. Staff completed medicines records accurately and kept them up to date. Controlled drug monitoring was in place and checked by 2 members of staff.

During the inspection we found that staff did not always store all prescribing documents in line with their guidance. Nursing staff could not find consent to treatment forms on the provider's electronic recording system on the day of our inspection. These forms were later printed out by other staff for us to review. We acknowledge that soon after the inspection the service did strengthen their guidance to make it easier for staff to follow.

Staff followed national practice to check patients had the correct medicines when they were admitted, or they moved between services.

Staff learned from safety alerts and incidents to improve practice. We saw examples of safety alerts that had been shared with staff.

# Acute wards for adults of working age and psychiatric intensive care units

Requires Improvement 

The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Medical staff told us they monitored and regularly reviewed patients' medications. We saw evidence of this in regular meetings clinicians had with patients.

Staff reviewed the effects of each patient's medicines on their physical health according to the National Institute for Health and Care Excellence guidance.

## Track record on safety

**The service had a good track record on safety.**

## Reporting incidents and learning from when things go wrong

**The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.**

Staff knew what incidents to report and how to report them. We saw evidence of the different categories of incidents staff reported. All staff had access to the incident recording system.

Staff raised concerns and reported incidents, serious incidents and near misses in line with the provider's policy. Managers maintained a rolling risk log to record the risks associated with all incidents.

The service had no never events on any wards. A 'never event' is classified as a wholly preventable serious incident that should not happen if the available preventative measures are in place.

Staff understood the duty of candour. They were open and transparent and gave patients and families a full explanation if and when things went wrong. The provider recorded all complaints and the progress of these on their risk log. We reviewed this document which showed that patients and families were provided with outcome letters following complaints they had made.

Managers debriefed most staff after any serious incident. We were told that there are multidisciplinary team members involved in debriefs with staff. However, one staff member told us they had never had a debrief.

Staff received feedback from investigation of incidents, both internal and external to the service. Staff met to discuss the feedback and look at improvements to patient care. These were discussed in team meetings.

Managers shared learning from incidents with their staff and across the provider. A discussion around any incidents that may have occurred since the previous meeting and lessons learned were regular agenda items on team meeting minutes.

# Acute wards for adults of working age and psychiatric intensive care units

Requires Improvement 

## Is the service effective?

Good 

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

### Assessment of needs and planning of care

**Staff assessed the physical and mental health of all patients on admission. Care plans were reviewed regularly through multidisciplinary discussion and updated as needed. Care plans reflected patients' assessed needs, and were personalised, holistic and recovery oriented.**

Staff completed a comprehensive mental health assessment of each patient either on admission or soon after. We saw evidence of this in all 12 care records we reviewed.

Patients had their physical health assessed soon after admission and regularly reviewed during their time on the ward. We saw evidence of this in all the care records we reviewed.

Not all patient's personal emergency evacuation plans accurately reflected the patient or their needs. Two out of 8 patients' personal emergency evacuation plans we reviewed on Audley ward, had another patients name in the record, and one missed out a vital piece of information regarding the patients first language. Two patient's personal emergency evacuation plans had patient initials only and not the patient's full name, so was not easily identifiable.

Staff had developed a comprehensive care plan that met patients' mental and physical health needs. Staff developed care plans with patients, which were personalised, holistic and recovery orientated. We read through care plans and could see the patient voice throughout. Care plans were up to date, reviewed regularly and updated through multidisciplinary discussion when patient's needs changed.

### Best practice in treatment and care

**Staff ensured that patients had good access to physical healthcare and supported them to live healthier lives. Staff used recognised rating scales to assess and record severity and outcomes. Staff also participated in clinical audits.**

The service managed activities offered by occupational therapists and technical instructors across the whole service to ensure activities were available to patients according to individual need and presentation. However, activities offered on some wards were limited. Throughout the 2 days of our inspection visits, we observed patients during the day, and they did not appear engaged in meaningful activities. We looked at one patients' care plan where there were no activities documented for 5 days between 9 June 2022 and 13 June 2022. One patient told us their "only activity had been perimeter walks" and they found the ward quite boring at times. Another patient told us their activities included going for walks and going to the gym. A third patient told us it "felt like a nursing home with patients sitting around doing nothing". Another patient told us they like to go in the garden. We were told that due to the short time period patients would be on the wards, and the length of time required for effective psychology input, patients did not have access to a psychologist on the psychiatric intensive care units. Staff could refer patients to psychology if required.



# Acute wards for adults of working age and psychiatric intensive care units

Requires Improvement 

Staff identified patients' physical health needs and recorded them in their care plans. We saw specific physical health care plans for patients who required them.

Staff made sure patients had access to physical health care, including specialists as required. There was a physical health lead for the hospital site.

Staff helped patients live healthier lives by supporting them to take part in programmes or giving advice. Patients had access to an on-site gym.

Staff used recognised rating scales to assess and record the severity of patients' conditions and care and treatment outcomes. These included the Health of the Nation Outcome Scale.

Staff took part in clinical and non-clinical audits. One staff member told us that in addition to clinical audits such as ligature, environment and medication, staff carried out; the ceiling fan, mattress, food and monthly environmental audits. We saw evidence of this on the wards.

## Skilled staff to deliver care

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

The service had access to a range of specialists to meet the needs of the patients on the ward, although these were limited. The multi-disciplinary team included consultant psychiatrists, speciality doctors, occupational therapists, technical instructors, art therapists, nurse managers, nurses, healthcare assistants and ward admin. Psychologists were limited across this service.

Managers ensured staff had the right skills, qualifications and experience to meet the needs of the patients in their care. Managers kept a record of the training compliance of all staff.

Managers gave each new member of staff a full induction to the service before they started work. We saw staff induction to the ward forms on all wards.

Managers supported all permanent staff to develop through yearly, constructive appraisals of their work. At the time of our inspection, Frinton ward had a compliance rate of 88%, Benfleet 93% and Audley ward 100%.

Managers supported all permanent staff through regular, constructive clinical supervision of their work. At the time of our inspection, Benfleet ward had a compliance rate of 82%, Frinton ward 90% and Audley ward 100%.

Managers made sure staff attended regular team meetings or gave information from those they could not attend. We reviewed minutes of these from 8 January 2022 to 27 June 2022 and saw staff attended regularly. Minutes were available which all staff could access.



# Acute wards for adults of working age and psychiatric intensive care units

Requires Improvement 

Managers made sure staff received any specialist training for their role. Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. We were told that staff could access bespoke physical health training based on the needs of the patients on the wards at that time, such as sleep apnoea training.

Managers recognised poor performance, could identify the reasons and dealt with these.

## Multi-disciplinary and interagency teamwork

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

Staff held regular multidisciplinary meetings to discuss patients and improve their care. We reviewed minutes of these from 1 December 2021 to 13 June 2022 and saw multidisciplinary meetings occurred regularly for each ward involving a range of professionals.

Staff made sure they shared clear information about patients and any changes in their care, including during handover meetings. Nursing staff received a detailed handover at the commencement of each shift which was also printed out for staff to refer to if required.

Ward teams had effective working relationships with other teams in the organisation. Each ward had access to social workers who worked closely with the teams around safeguarding patients. Social workers also liaised with patients' family and carers.

Ward teams had effective working relationships with external teams and organisations. Social workers liaised regularly with external community teams.

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

**Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Health Act Code of Practice.**

Staff received and kept up to date with training on the Mental Health Act and the Mental Health Act Code of Practice and could describe the Code of Practice guiding principles. Mental Health Act training was included in the Mental Health Act, Mental Capacity Act and Deprivation of Liberty Safeguards training. At the time of our inspection, the compliance rate for permanent staff on Benfleet ward was 88%. Audley ward 96% and Frinton ward 100%.

Staff had access to support and advice on implementing the Mental Health Act and its Code of Practice. Staff knew who their Mental Health Act administrators were and when to ask them for support. Mental Health Act administrators were based in the provider's Northampton hospital site but were available over the phone for support.

The service had clear, accessible, relevant and up-to-date policies and procedures that reflected all relevant legislation and the Mental Health Act Code of Practice. Staff were aware of these and how to access them.

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Requires Improvement 

Patients had easy access to information about independent mental health advocacy and patients who lacked capacity were automatically referred to the service. Staff displayed posters on each ward relating to advocacy services and independent mental health advocacy services. Patients knew they could speak to an advocate and how to contact them.

Patients did not always understand their detention under the Mental Health Act and were not always aware of their legal status. Two patients told us they were not given information on admission about their rights. Two patients told us what section of the Mental Health Act they were detained under but did not understand what this meant. One patient said they thought it was a high section because it was very secure at the hospital. Two patients knew they were not allowed to leave the hospital but said they did not know what section they were detained under or understand their legal position and rights. Evidence showed staff did repeat patients' rights as necessary and recorded it clearly in the patient's notes each time, but we could not be assured this was done in a way that patients understood.

Staff made sure patients could take section 17 leave (permission to leave the hospital) when this was agreed with the Responsible Clinician and/or with the Ministry of Justice. Patients could also go on leave in the hospital grounds without having to use section 17 leave.

Staff requested an opinion from a Second Opinion Appointed Doctor (SOAD) when they needed to. We saw records of second opinion appointed doctor visits and outcomes.

Staff stored copies of patients' detention papers and associated records correctly and staff could access them when needed. These were scanned and stored electronically on the providers' electronic recording system.

The hospital did not have any informal patients at the time of our inspection. We were told the hospital would not accept informal patients due to the security in the hospital preventing informal patients being able to leave freely.

Care plans included information about after-care services available for those patients who qualified for it under section 117 of the Mental Health Act. This was also discussed in ward round with patients.

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

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

Staff received and kept up to date with training in the Mental Capacity Act and had a good understanding of at least the 5 principles. Mental Capacity Act training was included in the Mental Health Act, Mental Capacity Act and Deprivation of Liberty Safeguards training. At the time of our inspection, the average compliance rate for permanent staff was 95% (Benfleet ward 88%, Audley ward 96% and Frinton ward 100%).

There was a clear policy on Mental Capacity Act and deprivation of liberty safeguards, which staff could describe and knew how to access. Staff knew where to get accurate advice on the Mental Capacity Act and deprivation of liberty safeguards.

Staff assessed and recorded capacity to consent clearly each time a patient needed to make an important decision. Staff made a record of patients' mental capacity to consent to treatment, in all care records we reviewed. We could see from the care records we looked at that patients were deemed to have capacity.

# Acute wards for adults of working age and psychiatric intensive care units

Requires Improvement 

## Is the service caring?

Requires Improvement 

Our rating of caring went down. We rated it as requires improvement

### **Kindness, privacy, dignity, respect, compassion and support**

**Not all staff treated patients with dignity and respect. However, most staff understood the individual needs of patients and supported patients to understand and manage their care, treatment or condition.**

We observed staff being discreet, respectful, and responsive when caring for patients. However, 1 patient told us not all staff knocked on their bedroom door before entering. Another patient told us staff do knock but let themselves in before waiting for a reply.

Staff did not always treat patients with dignity and respect. We were concerned by some of the language in patient records. For example, we read in 4 patients' progress notes under the heading 'positive message' for that shift, the patient "did not present any management concerns". This language is not reflective on an individual's presentation and is a generic statement.

Staff gave patients help, emotional support and advice when they needed it. One patient told us some staff will go the "extra mile" for them. Another patient told us staff always ask how they are doing and if they need anything, they will support them to access things they might not otherwise be able to do.

Staff supported patients to understand and manage their own care treatment or condition. One patient told us they felt involved in their care and treatment. Another patient told us they felt truly involved in discussions around their care.

Staff directed patients to other services and supported them to access those services if they needed help. Staff directed patients to the advocates on the ward and to other services such as solicitors and independent mental health advocates when required. Patient records demonstrated staff supported patients to get help.

Most patients said staff treated them well and behaved kindly. One patient told us staff will always ask them how they are feeling and sit down with them when they are unwell and reiterate positive messages to them. Another patient told us staff are always polite, caring, helpful and always ready to assist. However, one patient told us female staff always ignore them and male staff are better and more helpful if they need anything. One carer told us that staff had provided incorrect information to a patient regarding their detention which led to distress for that patient.

Staff did not always understand and respect the individual needs of each patient. One carer told us that a staff member had made insensitive comments to them about their relatives stay in hospital which they found very disrespectful.

Staff felt that they could raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes towards patients. Staff we spoke with said they could raise concerns if they needed to.

Staff followed policy to keep patient information confidential.

# Acute wards for adults of working age and psychiatric intensive care units

Requires Improvement 

## Involvement in care

**Staff ensured that patients had easy access to independent advocates. Staff actively sought patient feedback on the quality of care provided. Staff involved patients in care planning and risk assessment. However, not all patients received a copy of their care plan once complete.**

## Involvement of patients

Staff did not always introduce patients to the ward and the services as part of their admission. Two patients told us they were not orientated around the ward on admission. One patient told us they self-explored the ward on admission.

Staff did not always give patients access to their care planning and risk assessments. Three patients told us they did not have a copy of their care plan.

Staff involved patients in their care planning and risk assessments. We saw patients' involvement in all the care plans we reviewed. We saw statements in care plans such as "[patient name] feels better and states medication is helping". One patient told us they felt truly involved and what was discussed in their care planning meeting went into their care plan and they had a copy of it. One patient told us a staff member did go through the care plan with them, so they felt involved, but they were not given a copy.

Staff made sure patients understood their care and treatment and found ways to communicate with patients whose first language was not English. Patients had regular meetings with staff to discuss this.

Patients could give feedback on the service and their treatment and staff supported them to do this. One patient told us they had been asked to give feedback 2 to 3 weeks prior to our inspection about the service and if anything could be changed. One patient told us they had given feedback on the day of our inspection. We saw, and managers told us, there was an electronic tablet on the wards which patients could use to give feedback.

Staff made sure patients could access advocacy services. Three patients told us they were aware of the advocacy service. One patient told us they were waiting to see the advocate.

## Involvement of families and carers

**Staff did not always support, inform or involve families and carers in patients' care and treatment.**

Staff did not always support or inform families or carers in patients' care and treatment. We spoke with 5 patients' carers who told us they had to ring the ward for updates regarding their relative and staff did not voluntarily share information with them. One carer told us they would have liked more information and communication, they said they had requested to speak to the doctor, but this had not happened. However, the same carer said that the care and treatment of their relative was good. One carer said that they had very good communication from the ward and felt the ward was pro-active.

Staff did not always involve families or carers in patients' care and treatment. Three carers we spoke with, told us they were never invited to their relative's meetings to discuss their care and treatment and were told feedback should be

# Acute wards for adults of working age and psychiatric intensive care units

Requires Improvement 

given to them through the nursing team, but they were never given feedback from these meetings. However, one carer told us they had been asked details about their relatives' presentation when they were well, which no other provider had asked them before. The carer therefore felt reassured the hospital were not in a rush to discharge the patient until the patient was ready.

Staff did not help families to give feedback on the service. Three carers we spoke with told us they had never been given the opportunity to give feedback on the service.

Staff did not give carers information on how to find the carer's assessment. Three carers we spoke with told us they had not been informed about the carer's assessment.

## Is the service responsive?

Good 

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

### Access and discharge

**Staff managed beds well. A bed was available when a patient needed one. Patients were not moved between wards except for their benefit. Patients did not have to stay in hospital when they were well enough to leave.**

#### Bed management

Managers regularly reviewed length of stay for patients to ensure they did not stay longer than they needed to. Data provided by the service showed the average length of stay for patients on Audley ward as of 5 July 2022 was 84 days, Benfleet ward was 57 days and Frinton ward was 22 days.

Managers and staff worked to make sure they did not discharge patients before they were ready. Discharge was discussed throughout the patient's admission. When patients went on leave there was always a bed available when they returned.

Patients were moved between wards only when there were clear clinical reasons, or it was in the best interest of the patient. Two patients on Benfleet ward had been moved between wards during their admission for clinical reasons.

Staff did not move or discharge patients at night or very early in the morning.

#### Discharge and transfers of care

Managers monitored the number of patients whose discharge was delayed, knew which wards had the most delays, and took action to reduce them. The service told us there was one patient on Benfleet ward whose discharge was delayed. The service did not provide a reason for this.

# Acute wards for adults of working age and psychiatric intensive care units

Requires Improvement 

Patients did not have to stay in hospital when they were well enough to leave. We were told administrative staff chased daily any prospective placements which had been identified for patients to move to, once patients were well enough to be discharged.

Staff carefully planned patients' discharge and worked with care managers and coordinators to make sure this went well. Discharge was discussed with patients in multidisciplinary meetings.

Staff supported patients when they were referred or transferred between services. For example, if they required treatment in an acute hospital. The service followed national standards for transfer.

## Facilities that promote comfort, dignity and privacy

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

Each patient had their own bedroom, which they could personalise. We viewed patients' bedrooms and patients had customised bedrooms with pictures and belongings to their own preferences. Patients had a secure place to store personal possessions.

Staff used a full range of rooms and equipment to support treatment and care. Patients had access to a range of rooms including activity rooms, a gym and a café.

The service had quiet areas and a room where patients could meet with visitors in private. All wards could access a separate visitors' room off the ward so visitors could bring children and keep them safe and away from the ward environment.

Patients could make phone calls in private. Each ward had a phone box which patients were able to use. Patients also had access to mobile phones.

Patients had access to an outside space with staff supervision. Audley ward and Frinton wards had an outside space attached to the ward. Benfleet ward is on the first floor and so the garden is accessed via stairs at the back of the ward. Patients have supervised access to this area as well as use of the hospital's communal courtyard. Managers told us patients needed to be supervised to access all outside space due to risk.

Patients in the extra care suite on Frinton ward shared the same garden as all other patients on Frinton ward. We were told patients from the main ward would be asked to vacate the garden so that patients in the extra care suite could access this safely.

Patients could make their own hot or cold drinks and snacks and were not dependent on staff. We saw drinks stations set up for hot drinks or jugs for cold drinks on all wards.

The service offered a variety of good quality food. Two patients told us there was a good choice of food and they were given a menu to pick from for the following day. However, one patient told us the food was unhealthy and there were too many carbohydrates.

# Acute wards for adults of working age and psychiatric intensive care units

Requires Improvement 

## Patients' engagement with the wider community

### Staff supported patients to maintain relationships with family and friends.

Staff helped patients to stay in contact with families and carers. Staff facilitated regular family and carer visits.

Staff encouraged patients to develop and maintain relationships both in the service and the wider community. Patients who were risk assessed as able, had access to 'smart' phones and were able to use these in a safe and controlled environment.

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

### The service met the needs of all patients within their admission criteria. Staff helped patients with communication, advocacy and cultural and spiritual support.

The service could support patients with communication needs or other specific needs. The service met patients' specific communication needs on an individual basis.

The service could not support patients with physical disabilities. The service admission exclusion criteria included patients whose physical condition was too frail to allow their safe management on the wards.

Staff made sure most patients could access information on treatment, local service, their rights and how to complain. Four patients told us they had been given a welcome pack with information about the ward, their treatment, rights and how to complain. One of these patients told us they were given a welcome pack on admission which included basic toiletries and a few clothes. However, 2 patients told us they were not given any information on admission to the ward.

Managers made sure staff and patients could get help from interpreters or signers when needed. We saw the staff had accessed an interpreter multiple times the week prior to our inspection and had plans in place to continue to access them. Interpreters were available via the telephone or virtually for meetings.

The service provided a variety of food to meet the dietary and cultural needs of individual patients.

Patients had access to spiritual, religious and cultural support. We saw, and one staff member told us, patients had access to a multi-faith room and multi-faith support. However, one patient told us no one had asked them about their spiritual needs.

## Listening to and learning from concerns and complaints

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

Patients knew how to complain or raise concerns. Five patients named staff they would speak to if they had any concerns or complaints. Four patients told us they knew how to make a complaint. Two of these patients told us they had made a complaint. However, relatives and carers did not know how to complain or raise concerns. Three of the carers we spoke with told us they did not know how to raise a complaint.

# Acute wards for adults of working age and psychiatric intensive care units

Requires Improvement 

The service clearly displayed information about how to raise a concern in patient areas. There were posters in communal areas on each ward detailing this information.

Staff understood the policy on complaints and knew how to handle them.

Staff knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint. We saw evidence of this in the service complaints log and community meeting minutes.

Managers investigated complaints and identified themes. We reviewed the service's complaints log where complaint details, outcomes and learning were recorded.

Staff protected patients who raised concerns or complaints from discrimination and harassment.

Managers did not always share outcomes from complaints with staff. We reviewed team meeting minutes and governance meeting minutes across the 3 wards. We found details of complaints had been shared, however we could not see any outcomes shared from these complaints. However, although outcomes were not shared, lessons learned were identified on the complaints log.

## Is the service well-led?

Requires Improvement 

Our rating of well-led went down. We rated it as requires improvement.

### Leadership

**Leaders had the skills, knowledge and experience to perform their roles. They had a good understanding of the services they managed and were visible in the service and approachable for patients and staff.**

Leaders had a good understanding of the needs of patients and how to address these. Leaders had a comprehensive understanding of the services they managed. Leaders could explain clearly how the teams were working to provide high quality care.

Staff told us leaders were supportive and approachable in every leadership level of the hospital. Staff knew who the local leaders were. Most staff knew who the most senior managers in the organisation were or where to find that information.

### Vision and strategy

**Staff knew and understood the provider's vision and values and how they applied to the work of their team.**

During the inspection we observed staff displaying the provider's core values of compassion, accountability, respect and excellence in their interactions with patients and colleagues.



# Acute wards for adults of working age and psychiatric intensive care units

Requires Improvement 

The provider's senior leadership team successfully communicated the provider's vision and values to the frontline staff in this service. Staff were able to identify these and how these were displayed in care and treatment on the wards.

## Culture

**Staff felt respected, supported and valued. They said the provider promoted equality and diversity in daily work and provided opportunities for development and career progression. They could raise any concerns without fear.**

Staff said they felt leaders and their colleagues were supportive and they felt respected and valued in their teams and in the wider hospital setting.

Staff knew how to use the whistle-blowing process, if they needed to. Staff at all levels were actively encouraged to speak up and raise concerns. At the time of our inspection the service had invited staff to identify their top 5 things that would make their job easier and work experience better. The service had also asked staff for feedback on what the service could do better. Staff consistently stated they felt able to raise concerns without fear. Staff described an open and supportive culture.

Leaders dealt with poor staff performance when needed. Leaders dealt with areas of concern including behaviours and attitudes of staff.

## Governance

**Our findings from the other key questions demonstrated that governance processes did not always operate effectively at team level or that risk was always managed well.**

During the inspection we found that staff did not always store all prescribing documents in line with their guidance. Nursing staff could not find consent to treatment forms on the providers electronic recording system on the day of our inspection. These forms were later printed out by other staff for us to review. We acknowledge that soon after the inspection the service did strengthen their guidance to make it easier for staff to follow.

Managers had not ensured call bells were available for patients to use. We were concerned that patients would not be able to seek help in an emergency.

Our inspection identified some gaps in observation records. This issue was known to the leadership team and the site were imminently due to implement an E-obs system that would allow recording of observations on tablets and give real-time visibility of observation compliance.

Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.

There was a clear framework of what must be discussed at a ward and senior management team level meetings to ensure that essential information, such as learning from incidents was shared and discussed.

## Management of risk, issues and performance

# Acute wards for adults of working age and psychiatric intensive care units

Requires Improvement 

## **Not all staff had access to the information they needed to provide safe and effective care.**

Managers had not ensured all staff could access patient risk assessments. Patients' risk assessments were kept on the providers' shared drive which healthcare assistants could not access. We spoke to the provider about this. Managers assured us that following this feedback they had uploaded all patient risk assessments to their electronic recording system for all staff to access and they would communicate this change to all staff during handovers and governance meetings for wider sharing.

The service had systems and processes in place to monitor risk and performance. The service held handover meetings to discuss incidents, patients' risks, and any issues of concern. Managers and the multidisciplinary teams formed plans and actions to address these.

The service had a risk register in place which they used to record, review and manage risks to the service.

## **Information management**

### **Staff collected and analysed data about outcomes and performance.**

Staff told us they had access to the equipment and information technology needed to do their work.

## **Engagement**

### **Managers engaged with other local health and social care providers to ensure that a service was commissioned and provided to meet the needs of the local population.**

Managers consistently provided high levels of constructive engagement with staff and patients. Staff and patients had access to up-to-date information about the work of the provider and the services they used. The service used several methods to communicate with staff, patients and carers that included its own website, bulletins, emails, displays, intranet and live senior leadership virtual engagements across all of the providers' hospital sites and a dedicated social media page for staff. The provider involved and engaged with patients via a patient forum for patients from across all of the providers' hospital sites and patients' community meetings. Carers of newly admitted patients were invited to attend a meeting with the multidisciplinary teams for a dedicated time once a week to ask any questions.






## **Learning, continuous improvement and innovation**

The hospital won an award by the Health Service Journal in 2021 for the project 'growing spaces to grow' under the category environmental sustainability award.

The hospital held an art exhibition between 30 May 2022 to 2 June 2022 where drawings, sculptures, poetry and music from St Andrew's staff and patients were showcased.

# Long stay or rehabilitation mental health wards for working age adults

Requires Improvement 

Safe	Requires Improvement 
Effective	Inadequate 
Caring	Good 
Responsive	Requires Improvement 
Well-led	Requires Improvement 

## Is the service safe?

Requires Improvement 

Maldon ward had never been previously inspected. We rated it as requires improvement. Since the inspection the provider told us this ward has now been repurposed and changed to a different type of ward.

### Safe and clean care environments

**There were no call bells available in patient bedrooms. We were concerned patients would not be able to access help in an emergency.**

#### Safety of the ward layout

Patients did not have access to nurse call systems across all wards within the hospital, except for 1 accessible bedroom on Maldon ward. The provider mitigated this by ensuring that staff continuously monitored bedroom corridors and we were told if patients felt unsafe, they would be observed at shorter intervals for their safety. However, we were concerned that patients would not be able to access help in an emergency. Staff had easy access to alarms.

Staff completed and regularly updated monthly environmental risk assessments of all ward areas and removed or reduced any risks they identified. Managers reviewed these to ensure actions from environmental risk assessments were completed, which we saw records of. Staff also completed twice daily environmental checks of the ward which we reviewed records of.

Staff could not observe patients in all parts of the ward but mitigated this by observing patients who required continuous observations and monitoring bedroom corridors on a regular basis. Managers had installed convex mirrors on wards where staff did not have clear lines of sight.

The ward complied with guidance and there was no mixed sex accommodation. Maldon ward was an all-male ward.

Staff knew about any potential ligature anchor points and mitigated the risks to keep patients safe. The provider had conducted a ligature risk assessment in September 2021. A ligature risk is a fixed item to which a patient might tie something for the purpose of self-strangulation.

# Long stay or rehabilitation mental health wards for working age adults

Requires Improvement 

## Maintenance, cleanliness and infection control

Ward areas were clean, well maintained and well furnished. We observed the ward to be adequately furnished, was clean with no maintenance issues.

Staff made sure cleaning records were up-to-date and the premises were clean. Staff carried out and recorded daily and weekly cleaning checklists. The clinical nurse lead had checked and audited the ward on a weekly basis to ensure the ward was maintained, cleaned regularly and all documentation was completed. We reviewed records of audits which demonstrated this.

Staff followed infection control policy, including handwashing. Staff completed monthly infection prevention control audits. Where there were risks or new admissions, staff wore face masks but once the infection control team had risk assessed masks no longer had to be worn on the wards as per government COVID-19 guidance.

## Clinic room and equipment

Not all clinic rooms had accessible resuscitation equipment. The emergency resuscitation bag for Maldon ward was shared with a neighbouring ward in the same building. Staff would not be able to access this in a timely way if required. However, all clinic rooms were fully equipped, with any emergency drugs that staff checked regularly.

Staff checked, maintained, and cleaned equipment. Staff had ensured equipment was correctly calibrated. Records showed staff regularly checked equipment and cleaned equipment. We saw stickers on equipment indicating they had been cleaned by staff.

## Safe staffing

**The service had enough nursing staff, who knew the patients and received basic training to keep people safe from avoidable harm.**

### Nursing staff

The service had enough nursing and support staff to keep patients safe. The service had high vacancy rates. As of March, and April 2022, Maldon ward had a vacancy rate of 16% compared to an increasing rate of 22% in May 2022. The provider told us vacancy rates had increased due to changes to the charity-wide staffing model introduced at the end of January 2022. This model increased required staffing establishments on most wards. Staffing establishments were now based on patient acuity and included staffing required to deliver enhanced support provision.

The service had reducing rates of bank use. The use of bank staff had reduced from 17% in March 2022 to 11% in April 2022 to 9% in May 2022. The provider did not use agency staff.

Managers made sure all bank staff had a full induction and understood the service before starting their shift. Bank staff were known as work choice staff by the provider. Staff told us they had a hospital wide induction and a local induction on the ward. Managers had introduced the 'Work choice passport' for bank staff to document their learning and development.

Unregistered staff completed care certificate training. This was 100% for staff on Maldon ward. The service had an increase in turnover rates from 6% in March and April 2022 to 13% in May 2022.

# Long stay or rehabilitation mental health wards for working age adults

Requires Improvement 

Levels of sickness were reducing from 16% in January 2022, 5% in February and March to 4% in April and May 2022. Managers supported staff who needed time off for ill health.

The ward manager could adjust staffing levels according to the needs of the patients. Despite changes to the staffing establishment on Maldon ward, managers could still adjust staffing levels as required to meet patient needs and ensure safe staffing levels.

Patients had regular 1 to 1 sessions with their named nurse. We found recorded evidence in the patients' care records that 1 to 1 sessions had taken place.

Patients rarely had their escorted leave or activities cancelled, even when the service was short of staff. We observed patient leave being facilitated during the inspection. Staff facilitated group leave sessions for patients who wished to use their leave in group sessions.

The service had enough staff on each shift to carry out any physical interventions safely.

Staff shared key information to keep patients safe when handing over their care to others. We reviewed handover records which included historical, relevant and important information relating to the risks and needs of patients.

Staff audited observation records to ensure staff were completing and recording patient observations in line with the provider's observation policy. Managers ensured that staff allocated to patient observations, were not allocated any other roles whilst observing patients. We reviewed audits and observations records which showed staff were not allocated to additional roles, were completing observations and recording these in line with the provider's policy.

## Medical staff

The service had enough daytime and night-time medical cover and a doctor available to go to the ward quickly in an emergency. The ward had a consultant psychiatrist and a speciality doctor assigned to the ward. The ward had an on-call rota available where doctors were available throughout the day and night.

## Mandatory training

Staff had completed and kept up to date with their mandatory training. Mandatory training compliance was 100% for Maldon ward.

The mandatory training programme was comprehensive and met the needs of patients and staff.

Managers monitored mandatory training and alerted staff when they needed to update their training. Staff received email alerts when their training was due to expire and required completing.

## Assessing and managing risk to patients and staff

**Staff assessed and managed risks to patients and themselves well. They achieved the right balance between maintaining safety and providing the least restrictive environment possible in order to facilitate patients' recovery. Staff followed best practice in anticipating, de-escalating and managing challenging behaviour. The ward staff participated in the provider's restrictive interventions reduction programme.**

# Long stay or rehabilitation mental health wards for working age adults

Requires Improvement 

## Assessment of patient risk

Staff completed risk assessments for each patient on admission using a recognised tool, and reviewed this regularly, including after any incident. All care records for patients had up-to-date risk assessments and during ward rounds, staff discussed specific risks to each patient. We observed a multi-disciplinary team meeting where risks were discussed amongst the team and with a patient.

Staff used the Short Term Assessment of Risk and Treatability (START) tool and the Historical Clinical Risk-20 tool to assess and manage risk.

## Management of patient risk

Staff knew about any risks to each patient and acted to prevent or reduce risks. We looked at 4 patient records and all showed staff completed risk assessments on admission and updated them regularly, including after incidents.

Staff we spoke with knew the patients they supported and were aware of any risks they posed to themselves, others or their environment. Staff were aware of what strategies to use to minimise and manage risks.

Multidisciplinary staff discussions determined the level of risk for each patient and the level of observation needed.

Staff followed procedures to minimise risks where they could not easily observe patients on the ward. This included observing patients continuously if they presented with a higher risk of harm to themselves or others.

Staff completed Positive Behavioural Support training and compliance rate was at 100%.

Staff followed the hospital's policies and procedures when they needed to search patients or their bedrooms to keep them safe from harm.

## Use of restrictive interventions

Levels of restrictive interventions were low. Staff made every attempt to avoid using restraint by using de-escalation techniques and restrained patients only when these failed and when necessary to keep the patient or others safe. Staff had been successful in practices of de-escalation with patients and prevented the need for more invasive interventions. Interventions were well documented.

Staff completed training on 'least restrictive practice' and seclusion and had a compliance rate of 100% for both courses. The provider had reviewed all data leading to seclusions and restraints between December 2021 and May 2022 and there had been no incidents of seclusion, restraint or prone restraint during this period.

Staff followed the National Institute for Health and Care Excellence guidance when using rapid tranquillisation. The provider had not used rapid tranquillisation between December 2021 and May 2022.

The provider did not have any episodes of long term segregation between December 2021 and May 2022.

## Safeguarding

# Long stay or rehabilitation mental health wards for working age adults

Requires Improvement 

**Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.**

Staff received training on how to recognise and report abuse, appropriate for their role. Staff kept up to date with their safeguarding training. Staff completed levels 1, 2 and 3 safeguarding training for adults, children and young people. Staff achieved 100% compliance for all safeguarding training on Maldon ward.

The hospital held monthly safeguarding meetings with the local authority safeguarding team to review and discuss any safeguarding investigations. Maldon ward did not have any open safeguarding concerns or investigations at the time of our inspection.

Staff could give clear examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act. Staff were able to describe how they protected patients when we spoke with them.

Staff knew how to recognise adults and children at risk of or suffering harm and worked with other agencies to protect them. Staff explained how they had followed safeguarding processes to keep patients safe.

Staff followed clear procedures to keep children visiting the ward safe. Visits involving children were planned and were held off the ward.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. The ward social worker was the allocated safeguarding champion for the ward who staff liaised with when they had any safeguarding queries or concerns.

## **Staff access to essential information**

**Staff had easy access to clinical information, and it was easy for them to maintain high quality clinical records – whether paper-based or electronic.**

Patient notes were comprehensive, and all staff could access them easily. Staff accessed computers in the nursing office where they could easily access patient records.

When patients transferred to a new team, there were no delays in staff accessing their records. Staff could access all patients' records.

Records were stored securely. Paper notes were kept locked in the nurses' office and electronic notes were on a secure system. Although the service used a combination of electronic and paper records, staff made sure they were up-to-date and complete. Staff ensured any paper records were scanned onto the electronic care recording system.

## **Medicines management**

**The service used systems and processes to safely prescribe, administer, record and store medicines. Staff regularly reviewed the effects of medications on each patient's mental and physical health.**

# Long stay or rehabilitation mental health wards for working age adults

Requires Improvement 

Staff followed systems and processes to prescribe and administer medicines safely. Staff used electronic prescribing when administering medicines.

Staff reviewed each patient's medicines regularly and provided advice to patients and carers about their medicines. Pharmacists regularly checked prescribing, recording, administration and storage of medicines.

Staff completed medicines records accurately and kept them up to date. Control drug monitoring was in place and checked by 2 members of staff.

Staff stored and managed all medicines and prescribing documents safely. There was an up-to-date stock list with all medicines in date and no excess stock. All medicines were stored safely in locked cupboards.

Staff followed national practice to check patients had the correct medicines when they were admitted, or they moved between services.

Staff learned from safety alerts and incidents to improve practice. Staff were sent 'red alerts' to inform them of any incidents that occurred throughout the hospital. This included medication errors and learning from these.

The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Pharmacists and doctors regularly reviewed prescribing regimes.

Staff reviewed the effects of each patient's medicines on their physical health according to the National Institute for Health and Care Excellence guidance. The service held a physical health clinic where effects from medicines were monitored.

Staff recorded medication errors in clinical governance meetings and managed this through staff supervision and competencies.

The service had not embedded a self-medication program for patients to support them with their recovery progress.

## Track record on safety

**The service had a good track record on safety.**

## Reporting incidents and learning from when things go wrong

**The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.**

Maldon ward reported 9 incidents between December 2021 and May 2022. Of these incidents, 1 resulted in moderate harm, 1 resulted in low harm and 7 resulted in no harm.

Staff knew what incidents to report and how to report them. The service had a system in place to report incidents.



# Long stay or rehabilitation mental health wards for working age adults

Requires Improvement 

Staff reported serious incidents clearly and in line with provider's policy. The service did not report any serious incidents between December 2021 and May 2022.

The service had no never events on any wards. A 'never event' is classified as a wholly preventable serious incident that should not happen if the available preventative measures are in place.

Managers maintained a rolling risk log to record the risks associated with all incidents.

Staff understood the duty of candour. They were open, transparent and gave patients and families a full explanation if and when things went wrong. The provider had a risk log to record complaints and the progress of these. We reviewed this document which showed that patients and families were provided with outcome letters following complaints they had made.

Managers investigated incidents thoroughly. Patients and their families were involved in these investigations. The risk log of complaints demonstrated that families were consulted and responded to following investigations.

Managers debriefed most staff after any serious incident. We were told that there were multidisciplinary team members involved in debriefs with staff.

Staff received feedback from investigation of incidents, both internal and external to the service. Staff meeting minutes showed feedback and learning about improvements to patient care and delivery which were shared with staff.

Staff met to discuss the feedback and look at improvements to patient care. Managers regularly informed staff of any safety incidents in staff meetings and referred to these as 'red alerts'. We saw various examples of sharing of incidents and learning from these.

## Is the service effective?

Inadequate 

Maldon ward had never previously been inspected. We rated it as inadequate.

### Assessment of needs and planning of care

**Although staff developed individual care plans which were reviewed regularly, care plans did not reflect patients' holistic needs and were not personalised or recovery oriented. Staff assessed the physical and mental health of all patients on admission. They developed individual care plans which were reviewed regularly through multidisciplinary discussion and updated as needed.**

Patient care plans were of poor quality. We reviewed 4 care plans as part of this inspection. All 4 care plans were not personalised and did not include goal setting for patients to work towards as part of their rehabilitation. Three care plan records did not include patients' views, or a full range of needs and all care plans lacked a focus on recovery.

Patients had their physical health assessed soon after admission and regularly reviewed during their time on the ward. The ward held a weekly physical health clinic.

# Long stay or rehabilitation mental health wards for working age adults

Requires Improvement 

Staff completed positive behaviour support plans for patients, where applicable, so that staff were made aware of what triggers patients may have that led to challenging behaviours and what individualised interventions to use to support patients effectively.

## Best practice in treatment and care

**Staff did not provide a range of treatment and care for patients based on national guidance and best practice. This included having a rehabilitation model of care for patients or the development of everyday living skills and meaningful occupation. However, staff supported patients with their physical health and encouraged them to live healthier lives. Staff used recognised rating scales to assess and record severity and outcomes. They also participated in clinical audit, benchmarking and quality improvement initiatives.**

Staff did not provide a full range of care and treatment suitable for the patients on Maldon ward. The service did not provide a rehabilitation model of care for patients. Staff were unable to tell us what model of care they were using for rehabilitation purposes with patients. Managers also acknowledged improvements were required to embed a rehabilitation model on the ward.

Patients had limited opportunities to gain skills for community living such as cooking activities or self-medication programmes on the ward. Although patients could access some cooking sessions in a kitchen off the ward, patients could not access this unless in a session with an occupational therapist. Service users could not access the ward kitchen or laundry room freely and relied on staff to support them with this. Staff told us that the kitchen was 'too small' for patients' to access, when we asked them why patients were not able to access the kitchen freely.

Although the provider had a self-medication policy, this was not embedded into the ward programme and staff told us that patients were not considered 'ready' to start self-medicating. Patients did not have self-medication care plans or risk assessments. The ward did not have access to safe storage for self-medication practice and there was no available information on self-medication opportunities on the ward notice boards or available groups to support patients with this as part of their recovery journey.

Patients did not have access to voluntary or paid employment opportunities. Although the service had a horticulture group and a construction and design group there was no voluntary or employment opportunities available. We were concerned that patients did not have access to all opportunities and support required to enhance their rehabilitation and recovery journey.

Staff identified patients' physical health needs and recorded them in their care plans. All records we reviewed demonstrated physical health needs were identified and monitored.

Staff made sure patients had access to physical health care, including specialists as required. The service held a weekly physical health clinic where a General Practitioner attended the ward with the physical health nurse to complete physical health checks for patients or address and follow up on any physical health concerns.

Staff met patients' dietary needs and assessed those needing specialist care for nutrition and hydration. We reviewed records where staff had monitored the fluid intake of a patient due to their clinical need.

Staff used recognised rating scales to assess and record the severity of patients' conditions and care and treatment outcomes. Staff used the Health of The Nation Outcome Scale to monitor care and treatment outcomes.

# Long stay or rehabilitation mental health wards for working age adults

Requires Improvement 

Managers conducted weekly and monthly clinical audits and used these to make improvements to the service.

## Skilled staff to deliver care

**The ward team did not have access to the full range of specialists required to meet the needs of patients on the ward. Patients did not have a designated psychologist on Maldon ward to support them with their rehabilitation. However, managers made sure they had staff with the range of skills needed to provide high quality care. They supported staff with appraisals, supervision and opportunities to update and further develop their skills. Managers provided an induction programme for new staff.**

The service did not have a full range of specialists to meet the needs of the patients on the ward. Patients did not have access to regular 1 to 1 or group psychological therapy sessions to support them with their rehabilitation and recovery. Records showed little or no provision of psychological therapies in line with those recommended by National Institute for Health and Care Excellence guidance for the patient group, such as National Institute for Health and Care Excellence guideline NG181 *Rehabilitation for adults with complex psychosis*, and CG178 *Psychosis and Schizophrenia in adults: prevention and management*. Records did not demonstrate CBT for psychosis was offered to patients on the ward in May or June 2022 and no offers or provision of family interventions are noted.

Managers ensured nursing staff had the right skills, qualifications and experience to meet the needs of the patients in their care, including bank staff. Managers kept a record of the training compliance of all staff.

Managers gave each new member of staff a full induction to the service before they started work. Staff completed the service's corporate induction and had a local induction on the ward when they started.

Managers supported all permanent staff to develop through yearly, constructive appraisals of their work. Appraisal rates for staff on Maldon ward were 100%. Managers continued to complete appraisals as and when they were due.

Managers supported all permanent staff through regular, constructive clinical supervision of their work. Staff were 100% compliant for supervision in May and June 2022.

Managers made sure staff attended regular team meetings or gave information from those they could not attend. Minutes were available for staff to refer back to.

Managers made sure staff received any specialist training for their role. Staff received relevant and specialist training for their roles which included positive behaviour support, enhanced support, early warning score training, care certificate, least restrictive practice, self-harm and suicide and relational security training.

Managers recognised poor performance, could identify the reasons and dealt with these.

## Multi-disciplinary and interagency teamwork

**Staff from different disciplines worked together as a team to benefit patients. They supported each other to make sure patients had no gaps in their care. They had effective working relationships with staff from services providing care following a patient's discharge.**

# Long stay or rehabilitation mental health wards for working age adults

Requires Improvement 

The service had access to a range of specialists, except for a psychologist, to meet the needs of the patients on the ward. The multi-disciplinary team included consultant psychiatrists, speciality doctors, occupational therapists, technical instructors, art therapists, social workers, nurse managers, nurses, healthcare assistants and ward admin.

Staff held regular multidisciplinary meetings to discuss patients and improve their care. Meetings were held weekly to discuss patient care.

Staff made sure they shared clear information about patients and any changes in their care, including during handover meetings. We reviewed handover meeting minutes and saw updated information was clearly handed over to staff.

Staff held morning 'huddle' meetings to discuss and review handover information, incidents and staffing.

Ward teams had effective working relationships with other teams in the organisation. The service had several other wards in the hospital building who worked well in supporting each other.

Ward teams had effective working relationships with external teams and organisations. Care co-ordinators and commissioners were in regular contact with ward staff.

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

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

Staff received and kept up to date with training on the Mental Health Act and the Mental Health Act Code of Practice and had a compliance rate of 100%. Mental Health Act training was included in the Mental Health Act, Mental Capacity Act and Deprivation of Liberty Safeguards training. Staff could describe the Code of Practice guiding principles.

Staff had access to support and advice on implementing the Mental Health Act and its Code of Practice. Staff knew who their Mental Health Act administrators were and when to ask them for support. Mental Health Act administrators were based in the provider's Northampton hospital site but were available over the phone for support.

The service had clear, accessible, relevant and up-to-date policies and procedures that reflected all relevant legislation and the Mental Health Act Code of Practice. Staff were aware of these and had access to them.

Patients had easy access to information about independent mental health advocacy and patients who lacked capacity were automatically referred to the service. We observed mental health advocacy information and posters on the ward for patients. We saw advocacy support being provided for patients in records of multi-disciplinary meetings we reviewed.

Staff explained to each patient their rights under the Mental Health Act in a way that they could understand, repeated as necessary and recorded it clearly in the patient's notes each time. We viewed patient records which showed patients were being informed of their rights under the Mental Health Act.

Staff made sure patients could take section 17 leave (permission to leave the hospital) when this was agreed with the Responsible Clinician and/or with the Ministry of Justice. We observed patients using their leave whilst we were on the ward.

# Long stay or rehabilitation mental health wards for working age adults

Requires Improvement 

Staff requested an opinion from a Second Opinion Appointed Doctor (SOAD) when they needed to. We saw records of second opinion appointed doctor visits and outcomes.

Staff stored copies of patients' detention papers and associated records correctly and staff could access them when needed. These were scanned and stored electronically on the providers' electronic recording system.

There were no informal patients on the ward at the time of our visit.

Care plans included information about after-care services available for those patients who qualified for it under section 117 of the Mental Health Act.

Managers and staff made sure the service applied the Mental Health Act correctly by completing audits and discussing the findings. Mental Health Act administration staff completed regular audits and provided staff with feedback on these.

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

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

Staff received and kept up to date with training in the Mental Capacity Act and were 100% compliant. Staff had a good understanding of at least the 5 principles. Mental Capacity Act training was included in the Mental Health Act, Mental Capacity Act and Deprivation of Liberty Safeguards training.

There were no Deprivation of Liberty Safeguards applications made in the last 12 months and managers knew which wards made the highest and monitored staff, so they did them correctly.

There was a clear policy on Mental Capacity Act and Deprivation of Liberty Safeguards, which staff could describe and knew how to access. Staff knew where to get accurate advice on the Mental Capacity Act and Deprivation of Liberty Safeguards.

Staff gave patients all possible support to make specific decisions for themselves before deciding a patient did not have the capacity to do so. Capacity assessment records demonstrated that staff provided patients with information and support to determine whether they had capacity or not.

Staff assessed and recorded capacity to consent clearly each time a patient needed to make an important decision. We reviewed capacity assessments for consent to treatment and for other decisions. Records recorded where patients had capacity or did not for specific decisions.

When staff assessed patients as not having capacity, they made decisions in the best interest of patients and considered the patient's wishes, feelings, culture and history. We reviewed best interest decisions where patients wishes and family input were considered.

The service monitored how well it followed the Mental Capacity Act and made and acted when they needed to make changes to improve.

# Long stay or rehabilitation mental health wards for working age adults

Requires Improvement 

## Is the service caring?

Good 

Maldon ward had never previously been inspected. We rated caring as good.

### **Kindness, privacy, dignity, respect, compassion and support**

**Staff treated patients with compassion and kindness. They respected patients' privacy and dignity. They understood the individual needs of patients and supported patients to understand and manage their care, treatment or condition.**

Staff were discreet, respectful, and responsive when caring for patients. We observed this during interactions between patients and staff.

Staff gave patients help, emotional support and advice when they needed it. Patients were positive about how staff supported them.

Staff directed patients to other services and supported them to access those services if they needed help. Staff directed patients to the advocates on the ward and to other services such as solicitors and independent mental health advocates when required. Patient records demonstrated staff supported patients to get help.

Patients said staff treated them well and behaved kindly.

Staff understood and respected the individual needs of each patient. We observed examples of patients' individual needs being addressed and met such as physical health, fluid intake, weight monitoring and physical activity needs.

Staff felt that they could raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes towards patients. Staff we spoke with said they could raise concerns if they needed to.

Staff followed policy to keep patient information confidential. Staff kept patient information in the nursing office and had a closed patient information board in the nursing office so that patient information was not visible to other patients on the ward.

### **Involvement in care**

**Staff did not always involve patients in their care planning and risk assessments. However, they ensured that patients had easy access to independent advocates.**

### **Involvement of patients**

Staff did not always involve patients in their care planning and risk assessments. Patient care records did not always demonstrate how patients were supported to make decisions on their care, or how patient views were sought. Three out of 4 records we viewed did not adequately demonstrate effective patient involvement with their care plans.

# Long stay or rehabilitation mental health wards for working age adults

Requires Improvement 

Patients told us they did not have regular opportunities to provide feedback. However, after the inspection, managers provided information about meetings and forums available for patients to provide feedback.

Managers conducted a patient survey in November 2021. Patient views on Maldon ward showed that all 5 patients at the time felt 'cared for on the ward', 'staff listened to their concerns' and 'treated them well'. Three patients 'felt safe on the ward'. However, 1 patient 'felt unsafe'.

Staff introduced patients to the ward and the services as part of their admission. The service had an admission information pack for new patients to the ward.

Staff made sure patients understood their care and treatment and found ways to communicate with patients who had communication difficulties. Records of multidisciplinary meetings showed that patients attended and were given opportunity to provide their views on their care and treatment. We observed 1 multidisciplinary meeting where a patient attended and was asked about his views and asked questions about his care and treatment.

Staff made sure patients could access advocacy services. We observed advocacy information on the ward and saw patient records which demonstrated advocacy involvement.

## Involvement of families and carers

### Staff informed and involved families and carers appropriately.

Staff supported, informed and involved families or carers. Records of multi-disciplinary meetings showed family and carers were invited to these and supported with attending these virtually. Carers we spoke with confirmed they had been invited to meetings and said they felt informed and involved in the care of their relative.

Staff helped families to give feedback on the service. Staff liaised with families when they requested to provide feedback about the service.

## Is the service responsive?

Requires Improvement 

Maldon ward had never previously been inspected. We rated it as requires improvement.

## Access and discharge

### Staff planned and managed patient discharge well. They worked well with services providing aftercare and managed patients' move out of hospital. As a result, patients did not have to stay in hospital when they were well enough to leave.

Managers regularly reviewed length of stay for patients to ensure they did not stay longer than they needed to. Data provided by the service showed the average length of stay for patients on Maldon ward as of 5 July 2022 was 313 days, However, Maldon ward had been opened for less than a year and patients had been transferred from other wards across the hospital to this ward so patients' average length of stay in the hospital was 680 days.

# Long stay or rehabilitation mental health wards for working age adults

Requires Improvement 

The service had some out-of-area placements. Maldon ward had a mixture of patients who were local or placed out of their local area.

Managers and staff worked to make sure they did not discharge patients before they were ready.

When patients went on leave there was always a bed available when they returned.

Patients were not moved from Maldon ward during their stay. Maldon ward was the only rehabilitation ward on site.

Staff did not move or discharge patients at night or very early in the morning. The provider planned for discharges and discharged patients during the day.

## Discharge and transfers of care

Managers monitored the number of patients whose discharge was delayed and took action to reduce them. The ward had 4 delayed discharges of care due to delays in sourcing appropriate placements. Staff actively worked with commissioners and allocated staff to improve timeliness of discharges and patient records demonstrated this.

Staff supported patients when they were referred or transferred between services. Some patients had been transferred from other wards in the hospital as Maldon ward had changed its remit to a rehabilitation ward in 2021.

## Facilities that promote comfort, dignity and privacy

**Patients could not make hot drinks and snacks at any time and staff did not support patients to self-cater on the ward. However, the design, layout, and furnishings of the ward supported patients' treatment, privacy and dignity. Each patient had their own bedroom with an en-suite bathroom and could keep their personal belongings safe.**

Patients could not access drinks and snacks on the ward or access the kitchen or laundry room on their own and had to ask staff to support them with this. Staff told us this was because the kitchen was 'too small' for patients to access. There was a kitchen off the ward which patients could only access if they were in a cooking session with an occupational therapist.

Patients could not freely access drinks on the ward due to the care needs of 1 patient. We were concerned that as a result, all patients were restricted in accessing drinks and snacks due to 1 patients' care needs.

Each patient had their own bedroom, which they could personalise. We viewed patients' bedrooms and patients had customised bedrooms with pictures and belongings to their own preferences.

Patients had a secure place to store personal possessions. Patients had keys to their own bedrooms so that they could access their rooms when they wanted to and keep their belongings safe.

The ward did not have a full range of rooms to support treatment and care. The ward was small, and the conservatory room was used as a meeting/quiet room. There were no additional rooms on the ward for patients to use. However, patients had access to a gym off the ward and staff facilitated regular gym sessions for patients. There was also a café on site which patients could access.



# Long stay or rehabilitation mental health wards for working age adults

Requires Improvement 

Patients could make phone calls in private. Patients were able to use their own phones on the ward.

The service had an outside space that patients could access easily. Patients could meet with visitors in a private outside space or use their leave to meet with visitors.

The service offered a variety of good quality food and catered for patients with allergies and religious and cultural needs.

## **Patients' engagement with the wider community**

**Patients did not have access to work or educational opportunities. However, staff supported patients with activities outside the service and with family relationships.**

Staff did not ensure patients had access to education or work-related opportunities.

Staff helped patients to stay in contact with families and carers. Staff encouraged and supported families to visit patients in person or to maintain contact virtually.

Staff encouraged patients to develop and maintain relationships both in the service and the wider community. Staff supported patients to arrange community visits to various locations. Patients were involved in deciding where they would visit and were encouraged to attend as a group. Patients who were risk assessed as able, had access to 'smart' phones and were able to use these in a safe and controlled environment.

The service developed their own newspaper called the St Andrews Gazette. We viewed a copy for May, June and July 2022.

Patients had an awards day planned on the 10 August 2022 celebrating service user achievements.

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

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

The service could support and make adjustments for disabled people and those with communication needs or other specific needs. The ward had an accessible bedroom for patients who required this.

Staff made sure patients could access information on treatment, local service, their rights and how to complain. Patients told us they were aware of how to complain about the service.

The service had information leaflets available in languages spoken by the patients and local community. The service could access these on their intranet.

Managers made sure staff and patients could get help from interpreters or signers when needed. The provider had access to interpreters and signers and used these when required. We reviewed records which demonstrated an interpreter had been provided for a patient.

# Long stay or rehabilitation mental health wards for working age adults

Requires Improvement 

Patients had access to spiritual, religious and cultural support. The service had a faith room and patients had access to religious leaders to meet their religious and spiritual needs.

## Listening to and learning from concerns and complaints

**Patients did not always receive feedback from managers after the investigation into their complaint. However, the service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with the whole team and wider service.**

Patients, relatives and carers knew how to complain or raise concerns. We spoke with 3 patients and 2 carers who told us they were aware of how to complain about the service.

Maldon ward had received 3 complaints between July 2021 and June 2022 raised by relatives and patients about the care and treatment provided on the ward. The services' complaints log demonstrated patients and carers received feedback following complaints and learning was shared with staff to improve the service.

The service clearly displayed information about how to raise a concern in patient areas. We observed information on how to raise a complaint on patient boards in ward areas.

Staff understood the policy on complaints and knew how to handle them.

Managers investigated complaints and identified themes. We viewed the service's complaints log where complaint details, outcomes and learning were recorded.

Staff protected patients who raised concerns or complaints from discrimination and harassment. The service used compliments to learn, celebrate success and improve the quality of care.

## Is the service well-led?

Requires Improvement 

Maldon ward had never previously been inspected. We rated it as requires improvement.

## Leadership

**Leaders did not embed a rehabilitation model on the ward. However, they had the skills and experience to perform their roles. They were visible in the service and approachable for patients and staff.**

Leaders had the skills, knowledge and experience to perform their roles. However, managers were not aware of a rehabilitation model for the ward and had not embedded a philosophy of recovery for patients.

Managers were visible in the service and approachable for patients and staff. Staff told us leaders were available and approachable and knew who their local leaders were.

Senior staff had access to leadership training.

# Long stay or rehabilitation mental health wards for working age adults

Requires Improvement 

Managers were not ensuring their staff were following a model of rehabilitation to support patients with their recovery.

## Vision and strategy

### **Staff knew and understood the provider's vision and values and how they applied to the work of their team.**

The service had 4 core values known as the 'CARE' values which included compassion, accountability, respect and excellence.

During the inspection we observed staff displaying the providers care values of compassion, accountability, respect and excellence in their interactions with patients and colleagues.

## Culture

### **Staff felt respected, supported and valued. They said the service promoted equality and diversity in daily work and provided opportunities for development and career progression. They could raise any concerns without fear.**

The service conducted a staff survey between 15 November 2021 and 13 December 2021 which 51% of Maldon staff responded to. Results showed that 87% of staff 'did not experience discrimination from manager/team leader or any other colleague', that 87% of staff felt their 'line manager values my work' and 50% felt 'St Andrew's acts fairly towards career progression/promotion'. Further results showed 67% of staff felt 'senior managers act on staff feedback, 60% of staff were 'satisfied with the extent St Andrew's values my work' and 67% felt the 'communication between managers and staff was effective'.

## Career progression

Staff were offered opportunities to gain further experience and professional development in other settings. staff were offered opportunities to work across St Andrews healthcare. For example, the Essex site offered staff from other St Andrews Healthcare hospital sites to visit their site to gain adult acute wards and psychiatric intensive care experience, and another of the providers' sites had offered staff the opportunity to visit their medium secure site. Staff had taken these opportunities to work in other areas.

The service offered staff the opportunity to attend a careers day on the 30 June 2022 where potential role progression or new roles were discussed with staff.

The hospital provided staff with 'a day in the life of' opportunities where staff could spend the day in a role they were interested in where they shadowed a member of the team to enhance their career development.

## Governance

### **Our findings from the other key questions demonstrated that governance processes did not always operate effectively at team level.**

# Long stay or rehabilitation mental health wards for working age adults

Requires Improvement 

Managers had not completed audits of care records effectively. Patient care plans were of poor quality. We reviewed 4 care records and found all care plans were not recovery focused and did not include goal setting. Three records did not demonstrate co-production with care plans.

The service did not provide a recognised rehabilitation model of care for patients. We asked the staff team to talk us through the rehabilitation model of care used on the ward and staff were unable to tell us what model of care they were using for rehabilitation purposes with patients. Managers also acknowledged improvements were required to embed a rehabilitation model on the ward.

Managers had not ensured call bells were available for patients to use. We were concerned that patients would not be able to seek help in an emergency.

Patients did not have access to psychological therapy sessions to support them with rehabilitation. Although patients did have some 1 to 1 sessions with psychologists for assessment and initial engagement, patients did not have access to regular 1 to 1 sessions or psychological groups to support with rehabilitation.

Patients did not have access to educational or voluntary opportunities to enable them to progress in their rehabilitation.

Managers did not ensure patients could independently access food and fluids on the ward without relying on staff to do this for them and managers did not ensure patients could freely access the kitchen or laundry room on the ward. We were concerned about the limitations this posed on patients' rehabilitation.

## Management of risk, issues and performance

### **Teams had access to the information they needed to provide safe and effective care and used that information to good effect.**

The provider had systems and processes in place to monitor risk and performance. The service held daily huddles to review staffing, incidents and any issues of concern.

The provider had a risk register in place which they used to record, review and manage risks to the service.

## Information management

### **Staff collected and analysed data about outcomes and performance.**

Teams had access to the information they needed to provide safe and effective care and used that information to good effect.

## Engagement

### **Managers engaged with other local health providers to ensure that a service was commissioned to meet the needs of the local population.**

# Long stay or rehabilitation mental health wards for working age adults

Requires Improvement 

The provider had engaged healthcare support for staff. Staff were offered the opportunity to attend a lunch club to meet and discuss the menopause. Staff held a session entitled 'The problem with the menopause is no one ever tells you what to expect. Let's talk about it'.

Managers engaged with staff by conducting a 'Your voice' survey for Essex staff. The overall health and well-being scores for staff at Essex was 66% compared to a result of 62% for the whole charity. Results showed that 81% of staff felt that managers took an interest in their health and well-being. However, 38% of staff reported being absent from work due to work related stress.

Recommendations from the analysis led to a planned wellbeing day on 30 March 2022. The provider undertook a further survey to gain a snapshot of the overall health and wellbeing of staff on the day. Results showed the highest scoring areas were overall health and wellbeing, good work life balance and regular exercise. The lower areas were focused on staff experiencing aches and pains, feeling anxious or overwhelmed at work, having a healthy diet and good sleep patterns. Recommendations have been developed as a result of the feedback from staff including introducing a lunch club, promoting gym use and activities on site. They have provided staff with healthier snack options, free fruit, further well-being events and more.

Staff had access to physiotherapy, occupational health, employee assistance programme and trauma support.






Managers completed exit analysis of staff leavers feedback on a regular basis and findings were reported both locally and centrally with recommendations.

## **Learning, continuous improvement and innovation**

The hospital won an award by the Health Service Journal in 2021 for the project 'growing spaces to grow' under the category environmental sustainability award.

The hospital held an art exhibition between 30 May 2022 to 2 June 2022 where drawings, sculptures, poetry and music from St Andrew's staff and patients were showcased.

# Forensic inpatient or secure wards

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

## Is the service safe?

Requires Improvement 

Our rating of safe stayed the same. We rated it as requires improvement.

### Safe and clean care environments

**There were no call bells available in patient bedrooms. We were concerned patients would not be able to access help in an emergency. The service did not ensure staff had easy access to resuscitation equipment. We were not assured that staff could access resuscitation equipment in a timely way in an emergency. The seclusion room on Danbury ward was out of use due to a broken monitor screen.**

### Safety of the ward layout

Staff completed and regularly updated thorough risk assessments of all ward areas and removed or reduced any risks they identified. Staff completed monthly audits of the environment. Each ward had detailed accessible environmental risk assessments.

Staff could observe patients in all parts of the wards. There was good visibility of the ward from the nurses' stations. The wards complied with guidance and there was no mixed sex accommodation. All wards were single sex wards.

Staff knew about most potential ligature anchor points and mitigated most of the risks to keep patients safe. Managers had completed ligature audits which were up to date but did not contain all ligature risks. A ligature risk is a fixed item to which a patient might tie something for the purpose of self-strangulation. Staff were able to access the ligature audits on the ward and electronically. However, the patient toilets on Colne ward had a ligature point behind the soap dispenser which had not been identified as a potential risk. One experienced staff member informed us that they had never seen the ligature risk assessment.

Staff had easy access to alarms. However, patients did not have access to nurse call systems across all wards within the service. This meant that patients would not be able to alert staff in an emergency.

### Maintenance, cleanliness and infection control

# Forensic inpatient or secure wards

Ward areas were mostly clean, however were not always well maintained, well-furnished and fit for purpose. Patients informed us their rooms and bathrooms were cleaned. However, the décor on Danbury ward required updating and there was evidence of a redecoration programme in place to address this issue.

We found that some areas of the wards had an unpleasant smell. This included the therapy room on Danbury and toilet in seclusion on Colne ward.

Not all staff knew how the temperature was controlled on the wards and who to contact to make any changes.

Staff made sure cleaning records were up-to-date and the premises were clean. Managers had put in place 2 hourly cleaning schedules on the ward. Managers completed monthly ward cleanliness audits.

Staff followed infection control policy, including handwashing. Where there were risks or new admissions, staff wore face masks but once the infection control team had completed a risk assessment and any actions required had been taken, masks no longer had to be worn on the wards as per government COVID-19 guidance. Staff completed weekly audits of infection prevention and control at ward level.

## Seclusion room

The seclusion rooms allowed clear observation and 2-way communication. They had a toilet and a clock. The seclusions rooms were fitted in line with the code of practice and contained no potential ligature risks. However, on Colne ward there was an unpleasant smell originating from the seclusion toilet, of which the source was unclear.

At the time of inspection, the seclusion room on Danbury ward was out of use due to a broken monitor screen. There were no patients in seclusion at the time of this inspection.

## Clinic room and equipment

Clinic rooms were fully equipped, with accessible resuscitation equipment and emergency drugs that staff checked regularly. There was air conditioning available in both clinic rooms. There was one emergency grab bag and defibrillator shared between 2 wards. However, on Colne ward there was only one key available for the emergency drugs cupboard which was carried by a nurse on shift. There was a potential risk in accessing the key in the event of the nurse being absent from the ward.

Neither of the wards had any Flumazenil available on the ward. However, it was available on the hospital site and staff could gain access to administer. National Institute for Health and Care Excellence guidance recommends that Flumazenil should be considered for patients with a history of self-harm, who may present with an overdose of benzodiazepines.

Staff checked, maintained, and cleaned equipment.

## Safe staffing

**The service had enough nursing and medical staff, who knew the patients and received basic training to keep people safe from avoidable harm.**

# Forensic inpatient or secure wards

## Nursing staff

The service had enough nursing and support staff to keep patients safe.

The service had reducing vacancy rates. The service had 6 vacancies for nursing posts, and none for nursing assistants. These are primarily due to the introduction of a new staffing model and increase to the base staffing establishment levels for the wards.

The service had low rates of bank nurses and nursing assistants. In the 6 months leading up to May 2022, on average 18% of all shifts on Danbury ward had been filled by bank staff. On Colne ward, the bank staff usage was 19% for the same period. The service had used no agency staff in this time.

Managers did not regularly use agency staff and only requested bank staff familiar with the service.

Managers made sure all bank and agency staff had a full induction and understood the service before starting their shift.

The service had moderate turnover rates. The turnover rate for May 2022 was 31% for Danbury ward, and 13% for Colne ward.

Managers supported staff who needed time off for ill health.

Levels of sickness were reducing across the 2 wards. The levels of sickness had been high in the winter months until March 2022 and reducing since.

Managers accurately calculated and reviewed the number and grade of nurses, nursing assistants and healthcare assistants for each shift.

The ward manager could adjust staffing levels according to the needs of the patients.

Patients had regular 1 to 1 sessions with their named nurse.

Patients rarely had their escorted leave or activities cancelled, even when the service was short staffed. However, patients informed us that where a male member of staff was required for searches, this sometimes took a long time to accommodate. Patients were sometimes waiting for up to an hour before a male member of staff arrived to complete the body search. This was mainly because of a lack of male staff on shifts.

The service had enough staff on each shift to carry out any physical interventions safely.

Staff shared key information to keep patients safe when handing over their care to others.

## Medical staff

The service had enough daytime and night-time medical cover and a doctor available to go to the ward quickly in an emergency. There were 3 speciality doctors for the site, and they covered each other in the case of annual leave or other absence. The service had a room available on site for doctors to stay overnight.



# Forensic inpatient or secure wards

Managers could call locums when they needed additional medical cover. Managers made sure all locum staff had a full induction and understood the service before starting their shift. The service used 3 external consultants who were familiar with the wards.

## Mandatory training

Staff had completed and kept up to date with their mandatory training. At the time of the inspection, the service was at 95% with their training compliance for all staff across both wards. However, the Safeguarding Level 3 training was only at 75% for both wards.

The mandatory training programme was comprehensive and met the needs of most patients and staff. However, we found that there was a lack of training to help staff support people with a learning disability or autism. Since our inspection, national learning disability training was started in November 2022. As of 23 January 2023, the provider told us they were 32% compliant with this training.

Managers monitored mandatory training and alerted staff when they needed to update their training.

## Assessing and managing risk to patients and staff

**Staff assessed risks to patients and themselves well. However, staff did not always manage patients' risks in a way that maintained patients' safety. They achieved the right balance between maintaining safety and providing the least restrictive environment possible to support patients' recovery. Staff had the skills to develop and implement good positive behaviour support plans and generally followed best practice in anticipating, de-escalating and managing challenging behaviour. The ward staff participated in the provider's restrictive interventions reduction programme.**

## Assessment of patient risk

Staff completed risk assessments for each patient on admission, using a recognised tool, and reviewed this regularly, including after any incident. Staff also completed a pre-admission assessment of each patient to ensure that the service would be able to meet their needs.

Staff used a recognised risk assessment tool. Staff used the Short-Term Assessment of Risk and Treatability (START) tool and the Historical Clinical Risk-20 tool to assess and manage risk.

## Management of patient risk

Staff knew about any risks to each patient and acted to prevent or reduce risks. Staff carried out security checks of the whole ward every 2 hours, including location of patients, closing mechanisms of doors and windows, ligature points and any other identified risks for the patient group.

The provider had a policy on staff observations which were to be carried out every 5, 10, 15 or 30 minutes based on the patient's risk management plan. It also stated that staff were not to carry out observations on the same patient for more than 2 hours. However, we found that staff were not completing patient observations in accordance with this policy. We reviewed patient observation records on Colne and Danbury wards and were not assured that staff were observing patients in a way that maintained the patients' safety. For example, we found 9 incidents of staff observing the same patient for over 2 hours, sometimes up to 4 hours. This could lead to tiredness of staff.

# Forensic inpatient or secure wards

In addition, we found 5 incidents of blank observation records which spanned more than 11 hours in total. This meant that during these times, it is possible that no observations of patients were carried out.

Staff followed procedures to minimise risks where they could not easily observe patients. Danbury ward was split into 3 areas and staff were present in all areas to maintain patient safety.

Staff followed the provider's policies and procedures when they needed to search patients or their bedrooms to keep them safe from harm.

## Use of restrictive interventions

Levels of restrictive interventions were low and/or reducing.

Staff participated in the provider's restrictive interventions reduction programme, which met best practice standards. Staff felt confident in their use of de-escalation techniques and said they worked well as a team to manage aggressive and violent behaviour.

Staff made every attempt to avoid using restraint by using de-escalation techniques and restrained patients only when these failed and when necessary to keep the patient or others safe. In the 6 months leading up to May 2022, there had been 89 incidents of restraint across both wards, of which 5 were carried out as prone restraints.

Staff understood the Mental Capacity Act definition of restraint and worked within it.

Staff followed National Institute for Health and Care Excellence guidance when using rapid tranquillisation. In the 3 months leading up to June 2022, there had been 4 incidents where staff used rapid tranquillisation across both wards.

When a patient was placed in seclusion, staff kept clear records and followed best practice guidelines. In the 6 months leading up to May 2022, there had been 39 incidents of seclusion across both wards.

There had been 2 incidents of long-term segregation across both wards in the 6 months leading up to May 2022, with each episode lasting around one month or less. Staff reviewed all episodes of long-term segregation in the daily ward 'huddle' meetings.

## Safeguarding

**Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.**

Staff received training on how to recognise and report abuse, appropriate for their role.

Staff did not keep up to date with their safeguarding training. The mandatory training rate for safeguarding level 3 at the time of our inspection was 75%.

Staff could give clear examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act.

# Forensic inpatient or secure wards

Staff knew how to recognise adults and children at risk of or suffering from harm and worked with other agencies to protect them. Staff worked closely with social workers to assess any safeguarding risks. A management plan was put in place once a safeguarding issue was identified.

Staff followed clear procedures to keep children visiting the ward safe. The service had a dedicated family visiting room.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. Staff attended weekly safeguarding meetings on the ward and attended monthly safeguarding meetings with Essex County Council.

Managers took part in serious case reviews and made changes based on the outcomes.

At the time of our inspection, there was one safeguarding alert in relation to staff on patient assault. The staff member had been moved from the ward and the investigation of the allegation was ongoing.

## Staff access to essential information

### **Staff had easy access to clinical information, and it was easy for them to maintain high quality clinical records – whether paper-based or electronic.**

Patient notes were comprehensive, and all staff could access them easily.

Although the service used a combination of electronic and paper records, staff made sure they were up-to-date and complete. Records were stored securely in the ward offices.

When patients transferred to a new team, there were no delays in staff accessing their records.

## Medicines management

### **The service used systems and processes to safely prescribe, administer, record and store medicines. Staff regularly reviewed the effects of medications on each patient's mental and physical health.**

Staff followed systems and processes to prescribe and administer medicines safely. Managers reviewed the outcome of medication audits in the monthly clinical governance forums. A pharmacist checked the clinic room on a weekly basis and removed any excess drugs for destruction, including controlled drugs. We saw that any findings from the pharmacy audit were discussed in staff meetings.

Staff reviewed each patient's medicines regularly and provided advice to patients and carers about their medicines.

Staff completed medicines records accurately and kept them up to date. Any missed doses were clearly documented with an explanation. All medication cards were correctly completed.

Staff stored and managed all medicines and prescribing documents safely. All controlled drugs were stored securely in accordance with the provider's policy. Details for the controlled drugs accountable officer were inside the cupboard.

Staff followed national practice to check patients had the correct medicines when they were admitted, or they moved between services.

# Forensic inpatient or secure wards

Staff learned from safety alerts and incidents to improve practice.

The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines.

Staff reviewed the effects of each patient's medicines on their physical health according to National Institute for Health and Care Excellence guidance.

## Track record on safety

**The service had a good track record on safety.**

## Reporting incidents and learning from when things go wrong

**The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.**

Staff knew what incidents to report and how to report them. They used an electronic incident recording system to report any incidents. Most incidents on Danbury ward related to patients exhibiting physical or verbal aggression. On Colne ward, most incidents related to self-harm and patient behaviour.

Staff raised concerns and reported incidents and near misses in line with provider policy. Staff reported serious incidents clearly and in line with provider policy. There had been no never events across wards we inspected.

Staff understood the duty of candour. They were open and transparent and gave patients and families a full explanation if and when things went wrong. Managers sent staff weekly e-mails which included the duty of candour requirements.

Managers debriefed and supported patients and staff after any serious incident. The provider recorded details of all debriefs on the electronic incident recording system. There had been no serious incidents in the 6 months leading up to May 2022.

Managers investigated incidents thoroughly. Staff received feedback from investigation of incidents, both internal and external to the service. Staff met to discuss the feedback and look at improvements to patient care. Any learning was shared with all staff via emails, staff meetings and daily safety huddles. Staff told us they felt well-informed.

There was evidence that changes had been made as a result of feedback. Staff used specific incident cases in training provision for new and existing staff.

Managers shared learning with their staff about never events that happened elsewhere. Staff received red top alerts for incidents that took place on other wards or relevant services external to the provider, such as the Northampton St Andrews services.

## Is the service effective?

# Forensic inpatient or secure wards

Our rating of effective went down. We rated it as requires improvement.

## Assessment of needs and planning of care

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

Staff completed a comprehensive mental health assessment of each patient either on admission or soon after.

All patients had their physical health assessed soon after admission and regularly reviewed during their time on the ward. For example, we saw that patients had regular blood tests and an annual health review. Staff carried out electrocardiogram (ECG) tests on patients and provided a flu jab programme when applicable.

Staff developed a comprehensive care plan for each patient that met their mental and physical health needs. One patient had been supported to access podiatry and this was included in their care plan.

Staff regularly reviewed and updated care plans when patients' needs changed. Staff reviewed patient care plans at each ward round. Managers had systems and processes in place to ensure that care plans were audited every 3 months. The outcome of the last audit highlighted only one area of concern, with one care plan.

Care plans were personalised, holistic and recovery orientated. The provider conducted audits of care plans. The provider submitted evidence as part of this inspection which showed that care plan compliance had improved, however was not yet at 100%.

## Best practice in treatment and care

**Staff did not always use seclusion for the shortest time possible. However, staff used restraint and seclusion only after attempts at de-escalation had failed, Staff provided a range of treatment and care for patients based on national guidance and best practice. They ensured that patients had good access to physical healthcare and supported them to live healthier lives. Staff used recognised rating scales to assess and record severity and outcomes. They also participated in clinical audit, benchmarking and quality improvement initiatives.**

Staff identified and responded to any changes in risks to or posed by patients. Staff used seclusion as a means to manage high risks presented by patients. However, we found that when this risk was reduced in severity, the seclusion review did not happen immediately, and patients were not removed from seclusion at the earliest opportunity.

Managers told us that they conducted audits of seclusion, in order to ensure that seclusion was undertaken and recorded in line with the provider's policy. However, we found concerns in both seclusion records we reviewed. The language used in both records was inappropriate, and patients were not removed from seclusion at the earliest opportunity.

# Forensic inpatient or secure wards

Staff provided a range of care and treatment suitable for the patients in the service. All patients had an individual programme for psychology input. Patients had access to a comprehensive activities timetable which included sessions for music, education, self-help and occupational health.

Staff delivered care in line with best practice and national guidance, such as guidance from National Institute for Health and Care Excellence. This included embedding the guidelines for psychotic medication, physical health monitoring, diabetes management and rapid tranquillisation.

Staff identified patients' physical health needs and recorded them in their care plans. For example, patients were supported with managing their physical health conditions, such as diabetes.

Staff made sure patients had access to physical health care, including specialists as required. Patients had access to a general practitioner (GP) weekly, and there was access to a full-time physical healthcare nurse and nursing assistant. Patients could also access a physiotherapist who was employed full time. All patients had their vital observations, such as blood pressure, temperature and weight, checked every weekend.

Staff met patients' dietary needs and assessed those needing specialist care for nutrition and hydration. Patients had access to a dietician who was employed on a full-time basis. However, one patient we spoke with told us that staff did not always meet their vegan dietary needs.

Staff helped patients live healthier lives by supporting them to take part in programmes or giving advice. Patients were encouraged to use the site-based gym and had external activities which included swimming and walking. Patients were also provided with a 'wellbeing session' in which they could explore topics related to healthier living.

Staff used recognised rating scales to assess and record the severity of patients' conditions and care and treatment outcomes.

Staff used technology to support patients.

Staff took part in clinical audits, benchmarking and quality improvement initiatives. The provider completed a range of clinical audits (including care planning, infection preventions and control, medication management).

Managers used results from audits to make improvements.

## Skilled staff to deliver care

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

The service had a full range of specialists to meet the needs of the patients on the ward. At the time of our inspection, there were no vacancies other than nursing staff. Patients had input from doctors, nurses and nursing assistants, occupational therapists, psychology, social workers and activities coordinators.

Managers ensured staff had the right skills, qualifications and experience to meet the needs of the patients in their care, including bank and agency staff. Staff received training on basic life support, equality and diversity, fire safety, health

# Forensic inpatient or secure wards

and safety, infection control, safety intervention and enhanced support, among others. However, staff did not receive training on supporting people with a learning disability or autism. Since our inspection, national learning disability training was started in November 2022. As of 23 January 2023, the provider told us they were 32% compliant with this training.

The service provided workshops on different topics that would support staff in delivering better care for patients, such as providing meaningful activities.

Managers gave each new member of staff a full induction to the service before they started work. Managers ensured that staff attended the provider's one-week induction in Northampton. Staff were then provided with a local induction to their specific ward area.

Managers supported staff through regular, constructive appraisals of their work. The appraisal rate was 100%. Managers supported permanent non-medical staff to develop through yearly, constructive appraisals of their work.

Managers supported permanent medical staff to develop through yearly, constructive appraisals of their work. At the time of our inspection, 100% of medical staff had received clinical supervision.

Managers supported non-medical staff through regular, constructive clinical supervision of their work. At the time of our inspection 100% of staff on Colne ward, and 91% of staff on Danbury ward, had received clinical supervision.

Managers supported medical staff through regular, constructive clinical supervision of their work.

Managers made sure staff attended regular team meetings or gave information to those that could not attend.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. Staff were given protected time to complete any e-learning modules as part of their induction and training. Staff across the site also had access to twice weekly reflective practice with the psychology team.

Managers made sure staff received any specialist training for their role. Some staff we spoke with had completed specialist training in mental health tribunals. The psychology team had completed a Historical Clinical Risk Management training called HRC20.

Managers recognised poor performance, could identify the reasons and dealt with these.

## Multi-disciplinary and interagency teamwork

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

Staff held regular multidisciplinary meetings to discuss patients and improve their care. Staff met for a multi-disciplinary meeting every morning, and held weekly ward rounds with patients, family members and other healthcare professionals.

# Forensic inpatient or secure wards

Staff made sure they shared clear information about patients and any changes in their care, including during handover meetings. Nursing staff attended handovers at the commencement of each shift. Staff documented all handovers, and records were kept in the ward office. Members of the multi-disciplinary team attended daily 'huddle' meetings. Minutes of these meetings reflected that the meetings were patient centred and showed evidence of positive risk taking.

Ward teams had effective working relationships with other teams in the organisation. Staff worked well with other ward teams and provided support whenever needed.

Ward teams had effective working relationships with external teams and organisations. Care coordinators and social workers attended weekly ward round.

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

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

Staff received, and kept up to date, with training on the Mental Health Act and the Mental Health Act Code of Practice and could describe the Code of Practice guiding principles. The training compliance figure at the time of our inspection for the Mental Health Act and the Mental Health Act Code of Practice was 100%.

Staff had access to support and advice on implementing the Mental Health Act and its Code of Practice. Staff knew who their Mental Health Act administrators were and when to ask them for support.

The service had clear, accessible, relevant and up-to-date policies and procedures that reflected all relevant legislation and the Mental Health Act Code of Practice.

Patients had easy access to information about independent mental health advocacy and patients who lacked capacity were automatically referred to the service.

Staff explained to each patient their rights under the Mental Health Act in a way that they could understand, repeated as necessary and recorded it clearly in the patient's notes each time. Patients we spoke with said they remembered staff reading them their rights, and that staff sat down and repeated them if this was needed.

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

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

Staff stored copies of patients' detention papers and associated records correctly and staff could access them when needed.

Informal patients knew that they could leave the ward freely and the service displayed posters to tell them this.

Care plans included information about after-care services available for those patients who qualified for it under section 117 of the Mental Health Act.



## Forensic inpatient or secure wards

Managers and staff made sure the service applied the Mental Health Act correctly by completing audits and discussing the findings.

### Good practice in applying the Mental Capacity Act

**Staff supported patients to make decisions on their care for themselves. However, not all staff understood the provider's policy on the Mental Capacity Act 2005. Staff assessed and recorded capacity clearly for patients who might have impaired mental capacity.**

Staff received, and were consistently up to date, with training in the Mental Capacity Act. The training compliance figure at the time of our inspection for the Mental Capacity Act was 100%. However, not all staff were able to demonstrate a good understanding of at least the 5 principles.

There were no deprivations of liberty safeguards applications made in the last 12 months and managers knew which wards made the highest and monitored staff, so they did them correctly.

There was a clear policy on Mental Capacity Act and deprivation of liberty safeguards, which staff could describe and knew how to access.

Staff knew where to get accurate advice on the Mental Capacity Act and deprivation of liberty safeguards.

Staff gave patients all possible support to make specific decisions for themselves before deciding a patient did not have the capacity to do so.

Staff assessed and recorded capacity to consent clearly each time a patient needed to make an important decision.

When staff assessed patients as not having capacity, they made decisions in the best interest of patients and considered the patient's wishes, feelings, culture and history.

Staff made applications for a Deprivation of Liberty Safeguards order only when necessary and monitored the progress of these applications.

The service monitored how well it followed the Mental Capacity Act and made changes to practice when necessary.

Staff audited how they applied the Mental Capacity Act and identified and acted when they needed to make changes to improve.

## Is the service caring?

Our rating of caring went down. We rated it as requires improvement.

### Kindness, privacy, dignity, respect, compassion and support

# Forensic inpatient or secure wards

**Staff did not always treat patients with compassion and kindness. They did not always maintain patients' privacy and dignity. They understood the individual needs of patients and supported patients to understand and manage their care, treatment or condition.**

Staff were mostly discreet, respectful, and responsive when caring for patients. We witnessed good interactions between staff and patients.

However, patients told us of occasions where staff had not treated them with respect and dignity. One patient was not supported appropriately when they were menstruating and felt degraded and not listened to during this experience.

We found instances where staff had not recognised the patients gender fluidity in their care plan. The service developed a person-centred care plan to reflect the patients gender fluidity following the inspection.

Staff gave patients help, emotional support and advice when they needed it.

Staff supported patients to understand and manage their own care, treatment or condition.

Staff directed patients to other services and supported them to access those services if they needed help. For example, staff supported patients to access housing and financial advice and physical health services where needed.

Most patients said staff treated them well and behaved kindly. Staff encouraged patients' individuality. One patient wrote poetry and said the education teacher was supporting them to bind their poetry pages into a book.

Staff developed individual activity timetables for patients.

Staff felt that they could raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes towards patients.

Staff did not always follow policy to keep patient information confidential. When observing staff and patient interactions in communal areas, we found that staff did not always maintain patient confidentiality when talking to them about their care in open areas.

## Involvement in care

**Staff involved patients in care planning and risk assessment and actively sought their feedback on the quality of care provided. They ensured that patients had easy access to independent advocates.**

## Involvement of patients

Staff introduced patients to the ward and the services as part of their admission. All patients received a pre-admission assessment and introduction to the service.

Staff involved patients and gave them access to their care planning and risk assessments. We saw evidence of staff offering patients a copy of their care plans. Care plans were personalised and demonstrated collaboration with patients in their care.

# Forensic inpatient or secure wards

Staff made sure patients understood their care and treatment.

Staff involved patients in decisions about the service, when appropriate.

Patients could give feedback on the service and their treatment and staff supported them to do this. Patients attended weekly community meetings, which were chaired by patients. Patients were also able to provide feedback following monthly patient voice surveys.

Staff supported patients to make advanced decisions on their care.

Staff made sure patients could access advocacy services. All patients we spoke with were aware of advocacy services and felt confident in using them.

## Involvement of families and carers

### Staff informed and involved families and carers appropriately.

Staff supported, informed and involved families or carers. Staff encouraged family members to visit and take part in clinical review meetings.

Staff helped families to give feedback on the service.

Staff gave carers information on how to find the carer's assessment.

## Is the service responsive?

Good 

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

## Access and discharge

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

## Bed management

Managers made sure bed occupancy did not go above 85%. The service had an admissions criteria for both wards. Staff carried out pre-admission assessments of each patient to ensure that they would be able to provide the support required.

Managers regularly reviewed length of stay for patients to ensure they did not stay longer than they needed to. The average lengths of stay for Danbury and Colne wards were 630 and 877 days respectively.

# Forensic inpatient or secure wards

The service had no/low out-of-area placements.

Managers and staff worked to make sure they did not discharge patients before they were ready.

When patients went on leave there was always a bed available when they returned.

Patients were moved between wards only when there were clear clinical reasons, or it was in the best interest of the patient.

Staff did not move or discharge patients at night or very early in the morning.

The psychiatric intensive care unit always had a bed available if a patient needed more intensive care and this was not far away from the patient's family and friends.

## Discharge and transfers of care

Managers monitored the number of patients whose discharge was delayed, knew which wards had the most delays, and took action to reduce them. There were 5 cases of delayed discharges across both wards, and the primary reasons were due to lack of onward placements or awaiting legal requirement outcome.

Patients did not have to stay in hospital when they were well enough to leave.

Staff carefully planned patients' discharge and worked with care managers and coordinators to make sure this went well.

Staff supported patients when they were referred or transferred between services.

The service followed national standards for transfer.

## Facilities that promote comfort, dignity and privacy

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

Each patient had their own bedroom, which they could personalise. We saw that patients used their family photos, books and personal bedding in their rooms.

Patients had a secure place to store personal possessions. They had a storage drawer in their bedrooms and space in the patient kitchen for storing food and snacks.

The service had a range of rooms and equipment to support treatment and care. Staff could access the rooms as needed. However, the patient kitchen was kept locked, and patients needed a staff member to unlock the door. Not all staff were aware of why this kitchen was locked. Staff and patients felt that they needed more rooms as some provision of activities was limited on the wards due to lack of space.

# Forensic inpatient or secure wards

The service had quiet areas and a room where patients could meet with visitors in private. However, some patients felt that the quiet spaces on the wards were very limited and did not always meet their needs.

Patients could make phone calls in private. Patients were provided with basic mobile phones for use on the wards. The phone booth on Danbury ward was kept locked. Whilst this was a blanket restriction all patients on the ward had use of their own mobile phones and there was a cordless phone available on the ward.

The service had an outside space that patients should be able to access easily. Staff told us that patients could only access the garden when supervised. Patients told us that they had been unable to access the garden freely, due to staff shortages.

Patients could make their own hot drinks and snacks and were not dependent on staff. However, on Danbury ward, patients had no access to cups for the drink's dispenser due to risk management for some patients. Patients had raised the issue of reusable individual cups for each patient in community meetings, but no action had been taken.

The service offered a variety of good quality food. Once a fortnight, patients were able to order a takeaway dinner. However, one patient told us that staff did not always meet their dietary needs.

## **Patients' engagement with the wider community**

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

Staff made sure patients had access to opportunities for education and work and supported patients. Patients were encouraged to attend the site-based café for work experience and also attended a local charity for learning woodwork. One patient had completed their A-level qualification in geography, and another had completed their level 1 and 2 in Health and Social Care.

Staff helped patients to stay in contact with families and carers. Staff encouraged patients to keep in touch via phone and encouraged families to visit when they could.

Staff encouraged patients to develop and maintain relationships both in the service and the wider community.

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

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

The service could support and make adjustments for disabled people and those with communication needs or other specific needs. For example, 1 patient had been provided with a heightened chair to support their mobility needs.

However, they did not always find ways to communicate with patients who had communication difficulties. One patient told us that they did not feel well supported with their learning disability and staff did not always show patience when communicating with them.

Wards were dementia friendly and supported disabled patients.

# Forensic inpatient or secure wards

Staff made sure patients could access information on treatment, local service, their rights and how to complain.

The service had information leaflets available in languages spoken by the patients and local community. Staff made sure that leaflets were available for patients. However, we found an inappropriate poster displayed in a patient area on their noticeboard.

Managers made sure staff and patients could get help from interpreters or signers when needed. The service provided a variety of food to meet the dietary and cultural needs of individual patients.

Patients had access to spiritual, religious and cultural support. Patients had access to a multi-faith chapel. A patient told us this had been invaluable to them when they were undergoing bereavement of a loved one.

## Listening to and learning from concerns and complaints

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

Patients, relatives and carers knew how to complain or raise concerns. Some patients we spoke with told us they felt able to talk to staff, the manager and the advocate. Patients were also able to raise any concerns through community meetings.

The service clearly displayed information about how to raise a concern in patient areas.

Staff understood the policy on complaints and knew how to handle them.

Staff protected patients who raised concerns or complaints from discrimination and harassment.

Staff knew how to acknowledge complaints. Managers investigated complaints and identified themes. However, patients did not always receive feedback from managers after the investigation into their complaint.

Managers shared feedback from complaints with staff and learning was used to improve the service. For example, patients complained about staff coming into their bedrooms without knocking and awaiting a response. Following this meeting, staff knocked on their doors and gave patients time to answer and let them in. Staff received feedback about outcomes of complaints through their team meetings.

At the last patient quality audit, only 55% of patients on Colne ward were happy with the care and treatment provided on the ward. Staff arranged a community meeting to discuss the results and how they could improve patients' experience on the ward. Managers had ensured that actions had been taken in response to patients' feedback from the community meeting. Managers encouraged clear and constant lines of communication between staff and patients.

The service used compliments to learn, celebrate success and improve the quality of care.

# Forensic inpatient or secure wards

## Is the service well-led?

Requires Improvement 

Our rating of well-led went down. We rated it as requires improvement.

### Leadership

**Leaders had the skills, knowledge and experience to perform their roles. They had a good understanding of the services they managed and were visible in the service and approachable for patients and staff. However, they did not always provide a robust oversight and scrutiny of the wards to ensure that the service was safe.**

Leaders did not ensure that the service was equipped to the right standards, such as with access to nurse call systems, to provide safe care for patients.

We found that leaders did not scrutinise staff member's understanding of their training. Of all 13 staff interviewed, only 1 was able to demonstrate a good understanding of the Mental Capacity Act. All staff had received the training but did not always show an understanding of the basic principles. In addition, we found that staff had not been equipped with the right training and understanding to support people with a learning disability or autism. Since our inspection, national learning disability training was started in November 2022. As of 23 January 2023, the provider told us they were 32% compliant with this training.

Senior managers were visible in the service and took part in quality visits. This included senior managers from the Northampton team. However, some staff said that they felt isolated from the provider's central Northampton site.

### Vision and strategy

**Staff knew and understood the provider's vision and values and how they applied to the work of their team.**

### Culture

**Staff felt respected, supported and valued. They said the service promoted equality and diversity in daily work and provided opportunities for development and career progression. They could raise any concerns without fear.**

Staff felt happy and proud working for the provider and said they had a supportive team.

### Governance

**Our findings from the other key questions demonstrated that governance processes had not always operated effectively at team level and that performance and risk had not always been managed well.**

The ward governance meetings were well attended and showed input from a range of disciplines. The management team discussed feedback from community meetings, staffing, complaints, incidents, restrictive practices, safeguarding and outcomes from any recent audits.

# Forensic inpatient or secure wards

Our inspection identified some gaps in observation records. This issue was known to the leadership team and the site were imminently due to implement an E-obs system that would allow recording of observations on tablets and give real-time visibility of observation compliance.

## Management of risk, issues and performance

**Teams had access to the information they needed to provide safe and effective care and used that information to good effect.**

Managers had ensured that systems and processes were in place on the ward to keep patients safe. This included environmental checks, patients searches, clinical risks assessments and risk management plans. However, we found that staff had not always undertaken patient observations in line with the providers' policy.

## Information management

**Staff had collected and analysed data about outcomes and performance and engaged actively in local and national quality improvement activities.**

Staff had access to patient records, and these had been fully completed and in a timely manner.

## Engagement

**Managers actively engaged with other local health and social care providers to ensure that an integrated health and care system was commissioned and provided to meet the needs of the local population.**

Managers from the service participated actively in the work of the local transforming care partnership.

## Learning, continuous improvement and innovation

The provider was undertaking/planning 4 quality improvement initiatives across the hospital site in Essex. The first initiative involved lateral flow and pre-entrance questionnaires for agency staff in order to reassure patients during the pandemic. The second initiative involved the introduction of bank (work choice) passports. This was for all new bank starters and included bank staff working supernumerary in their first week. The 3rd and 4th initiatives were on hold at the time of our inspection. The third initiative planned to look into the benefits of therapeutic interventions for patients whilst they were in seclusion. The 4th initiative plans to introduce reflective practice for night staff.



This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

#### Regulated activity

Treatment of disease, disorder or injury  
Assessment or medical treatment for persons detained under the Mental Health Act 1983

#### Regulation

Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect

- The service had not ensured that staff treated all patients with respect and dignity and maintained their privacy and confidentiality. (Regulation 10(1)).

#### Regulated activity

Treatment of disease, disorder or injury  
Assessment or medical treatment for persons detained under the Mental Health Act 1983

#### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

- The service had not ensured all patients had access to a nurse call system across all wards within the hospital site. (Regulation 12(1)).
- The service had not ensured clinic rooms had accessible resuscitation equipment. (Regulation 12(1)).
- The service had not ensured the monitor for the seclusion room on Danbury ward was fixed or replaced so that the seclusion room was returned into use. (Regulation 12(1)).
- The service had not ensured staff followed the provider's policy and procedures on the use of enhanced support when observing patients assessed as being at higher risk of harm to themselves or others and observe patients in a way that maintains the patients' safety. (Regulation 12(1)).
- The service had not ensured that all general and enhanced observation records were completed in an accurate and timely manner. (Regulation 12(1)).
- The service had not ensured it followed National Institute for Health and Care Excellence guidance when using rapid tranquillisation. (Regulation 12(1)).
- The service had not ensured all staff had access to patient risk assessments. (Regulation 12(1)).

This section is primarily information for the provider

## Requirement notices

- The service had not ensured all staff understood and were able to apply their knowledge of the Mental Capacity Act. (Regulation 12(1)).
- The service had not ensured that regular reviews take place for patients in seclusion and that they are removed from seclusion at the earliest opportunity. (Regulation 12(1)).

### Regulated activity

Assessment or medical treatment for persons detained under the Mental Health Act 1983

Treatment of disease, disorder or injury

### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

- Managers had not ensured they followed up on actions noted during governance and other management meetings. (Regulation 17(1)).
- Leaders had not ensured they have the appropriate systems and processes in place to ensure the model of rehabilitation is operating effectively. (Regulation 17(1)).
- Leaders had not ensured they had the systems and processes established and operating effectively to ensure compliance with the regulations. (Regulation 17(1)).

### Regulated activity

Treatment of disease, disorder or injury

Assessment or medical treatment for persons detained under the Mental Health Act 1983

### Regulation

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

- The service had not ensured staff support or inform and involve families and carers in patients' care and treatment. (Regulation 9(1)).
- The service had not ensured a recognised rehabilitation model of care was embedded within the long stay rehabilitation ward to meet patients' needs. (Regulation 9(1)).
- The service had not ensured care plans were holistic, recovery focused and include goal setting and co-production with patients. (Regulation 9(1)).

This section is primarily information for the provider

## Requirement notices

- The service had not ensured patients had access to opportunities to gain skills for community living. (Regulation 9(1)).
- The service had not ensured patients had regular access to employment and education opportunities. (Regulation 9(1)).
- The service had not ensured patients had access to regular psychology sessions to support them with their recovery. (Regulation 9(1)).
- The service had not ensured patients were able to access the kitchen and drinks freely on the ward. (Regulation 9(1)).