

# Stockton Hall

## Quality Report

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

## Ratings

Overall rating for this location

Good



Are services safe?

Good



## Mental Health Act responsibilities and Mental Capacity Act and Deprivation of Liberty Safeguards

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

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

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

## Overall summary

**We have changed the rating in the safe domain from requires improvement to good because:**

- The hospital acted to meet the requirement notice we issued after our inspection in February 2016.

- Patients told us that staff treated them in a kind and respectful manner during a period of seclusion.

# Summary of findings

Patients understood the reasons for their seclusion and what they needed to do for their seclusion to end. They felt supported by staff during and after their period of seclusion.

- Staff cared for patients physical and mental health needs when patients were secluded. All patients had care plans, which addressed the patient's safety, comfort, privacy, and dignity throughout a period of seclusion.
- On the day of our visit, all the seclusion rooms we visited were clean and well maintained.

- Staff documented comprehensive seclusion records that met the requirements of the hospital policy and Mental Health Act Code of Practice.
- Staff used positive behavioural support plans and de-escalation techniques with patients and used the least restrictive practice when people were at risk of harm.
- Senior managers took action to ensure that the hospital continued to meet the requirements of the hospital seclusion policy and Mental Health Act Code of Practice.

# Summary of findings

## Contents

<b>Summary of this inspection</b>	Page
Background to Stockton Hall	5
Our inspection team	5
Why we carried out this inspection	5
How we carried out this inspection	6
What people who use the service say	6
The five questions we ask about services and what we found	7

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Good 

# Stockton Hall

## Services we looked at

Forensic inpatient/secure wards

# Summary of this inspection

## Background to Stockton Hall

Stockton Hall is a 112-bed medium secure hospital for people over the age of 18 with mental health problems, personality disorders, and learning disabilities. The hospital admits patients from the United Kingdom. It is registered with the Care Quality Commission to provide the following regulated activities:

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

The hospital has a registered manager and a controlled drug accountable officer. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered persons have legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated regulations about how the service is run. An accountable officer is a senior person within the organisation with the responsibility of monitoring the management of controlled drugs to prevent mishandling or misuse as required by law.

Patient accommodation comprised:

- Boston Ward – 24-bed ward for men with mental illness
- Kirby Ward – 24-bed ward for men with mental illness
- Hambleton Ward – Eight-bed ward for older men with mental illness
- Dalby Ward – 16-bed ward for men with mental illness and personality disorder
- Farndale Ward – 16-bed ward for women with mental illness and personality disorder
- Kyme Ward – 16-bed ward for men with learning disability
- Fenton Ward – eight-bed ward for men with autism spectrum disorders.

At the time of our visit, the hospital had 109 patients.

There have been five inspections carried out at Stockton Hall. The most recent inspection took place in February 2016 and the hospital did not meet Regulation 13 of the Health and Social Care Act (Regulated Activities) Regulations 2014 Safeguarding

We have reported on all wards together in this report.

## Our inspection team

The team that inspected the service comprised two inspectors.

## Why we carried out this inspection

When we last inspected Stockton Hall in February 2016 we rated the hospital as good overall. We rated the effective, caring, responsive, and well-led domain as good. However, we rated the safe domain as requires improvement and after the inspection we told Stockton Hall that it must take the following action to improve services:

- The hospital must ensure it follows its own policy and the Mental Health Act Code of Practice when patients are secluded.

We issued one requirement notice, which related to a breach of Regulation 13 HSCA (Regulated Activities) Regulations 2014 Safeguarding.

This was because:

# Summary of this inspection

- all wards did not provide pillows for patients to use in seclusion, or document why a pillow was not provided
- staff did not carry out all reviews of seclusion according to the hospital policy and the Mental Health Act Code of Practice.

We carried out a focused, unannounced inspection of Stockton Hall to find out whether the hospital had made

improvements since our last comprehensive inspection on 8-10 February 2016. This report was published in June 2016. As the focused inspection took place within six months from publication of the comprehensive inspection report, we have re-rated the safe domain to good from requires improvement.

## How we carried out this inspection

We asked the following question

- Is it safe?

On this inspection, we checked whether the hospital had made improvements to the specific concerns we identified during our last inspection.

During the inspection visit, the inspection team:

- Visited the seclusion rooms of Boston, Kirby, Dalby, Kyme and Fenton Wards

- we took into account the most recent Mental Health Act Review visit to Farndale Ward
- spoke with three patients who were using the service and had experience of seclusion
- spoke with 10 members of staff including nurses, medical staff and support workers
- scrutinised three care and treatment records of patients who had been secluded
- looked at a range of other documents and information relating to seclusion
- attended one staff seclusion training session.

## What people who use the service say

We spoke with three patients during our visit. Patients made positive comments about their experience of seclusion. Patients told us staff were respectful and cared for them during their period of seclusion. Patients said nurses gave them regular food and drink, they had appropriate bedding and toilet facilities, and access to

other items such as a radio. Staff talked to them about their seclusion and they understood the reason why they were secluded and what they needed to do for their seclusion to end. The only negative comment was that sometimes the seclusion room was too cold.

# Summary of this inspection

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Are services safe?**

#### **We rated safe as good because:**

- We visited seven of the eight seclusion rooms and found all rooms were safe, clean, and well maintained. All rooms met the requirements of the Mental Health Act Code of Practice.
- The hospital policy on seclusion was in date and took account of the requirements of the Mental Health Act Code of Practice.
- Staff spoke about a culture that aimed to prevent the need for seclusion. Staff regarded the use of seclusion as a last resort and used for the shortest time possible. All patients had individualised positive behaviour support plans and staff worked with patients to de-escalate disturbed behaviours.
- When patients were secluded, staff ensured timely and comprehensive nursing and medical reviews took place. Staff involved patients in providing feedback about their seclusion and staff used this information to review patients' positive behaviour support plans.
- All patients had individualised and comprehensive seclusion care plans that addressed how staff cared for patients' physical and mental health needs and maintained their safety. Patients said they felt well cared for during seclusion, they understood the reasons for their seclusion and what needed to happen before their seclusion ended.
- Senior managers were committed to the hospital's restrictive intervention reduction programme. They introduced electronic seclusion recording across the hospital, which had improved documentation, and monitoring of seclusion documentation. Staff received relevant training and managers ensured staff received feedback and took action to improve their seclusion documentation where required.

Good



## Detailed findings from this inspection

# Forensic inpatient/secure wards

Safe

Good 

## Are forensic inpatient/secure wards safe?

Good 

### Safe and clean environment

All the seclusion rooms we viewed met the requirements of paragraph 26.109 of the Mental Health Act Code of Practice. The seclusion rooms were clean and well maintained and staff carried out daily checks of the environment to ensure that it was clean and well maintained. Staff completed maintenance requests as soon as they found any damage and maintenance staff dealt with all requests in a timely manner. Staff told us that a seclusion room would not be used until any damage that made the room unsafe for patients was repaired. On the day of our visit, there were no patients in seclusion.

Kirby and Boston Wards had the largest population of patients and the only wards in the hospital that had two seclusion rooms each. The rooms were next door to each other in seclusion suites located off the main lounge areas of the wards. All other wards had one seclusion room located off the main lounge areas. Hambleton Ward did not have any seclusion rooms. There were no patients from Hambleton Ward secluded between 1 April and 30 September 2016. However, staff secluded male patients on other male wards when seclusion rooms on their immediate environment were unavailable. For example, we saw that staff secluded patients from other wards on Dalby Ward because their own seclusion rooms were occupied.

Farndale Ward was the only female ward in the hospital and staff did not move patients from this area to male wards. If more than one patient required seclusion, staff used alternative areas on Farndale Ward. These areas did not meet the requirements of the Mental Health Act Code of Practice and staff used these areas to seclude patients as a last resort. We did not visit Farndale Ward during this inspection as the ward had recently had a Mental Health Act review visit and we considered those report findings.

All the suites contained an accessible toilet, shower areas, and had a place where staff and patients could sit outside the seclusion room. The seclusion rooms had viewing

panels in the doors, which meant that staff could observe a patient clearly in seclusion. Staff could monitor the temperature and control the lighting from outside the seclusion room. There were two-way intercom systems to help communication and visible working clocks. Only the seclusion rooms on Kirby and Boston Wards had a television/radio and a working clock that patients could see from behind a Perspex panel within the room. Natural light came through two windows in each room that were fitted with blinds to control the light. Other seclusion rooms had skylight windows that did not have any means to control the light. However, we found on Kirby Ward that the remote control for the window blinds was not working which meant that the natural light could not be adjusted, and the clock was displaying the wrong time. Staff dealt with these two issues immediately during our inspection.

On our previous inspection in February 2016, we were concerned that only one ward provided pillows for patients in seclusion and we saw that patients used a rolled up blanket as a pillow. During this visit, we saw that all seclusion rooms contained a suitable mattress, seclusion pillow and a blanket. Staff told us that pillows were provided to patients in seclusion and patients said that staff had provided them with a pillow when they were secluded. Staff checked the seclusion pillow and mattress as part of the daily cleaning checklist to ensure that they were available and safe to use.

To use the toilet, patients needed to leave the seclusion room. The toilet doors did not have viewing panels and staff told us they would leave the door ajar when patients used the toilet. They were aware of the need to be respectful of patients' dignity and privacy while maintaining safe observations. When staff assessed that it was not safe for patients in seclusion to leave the room to use the toilet, they provided disposable bottles and toilet paper in the room. Staff told us they offered patients hand washing facilities in the room. All the seclusion rooms we visited provided disposable items for patients to use to meet their toilet and personal hygiene needs.

### Safe staffing

We did not assess this during our inspection

### Assessing and managing risk to patients and staff

## Forensic inpatient/secure wards

Staff use seclusion rooms to protect disturbed patients or others from harm. This means that patients do not have free access to the normal ward setting.

The hospital reported 92 incidents concerning the seclusion of patients across the hospital from 1 April 2016 – 30 September 2016. This related to patients who have been secluded for longer than 8 hours or 12 hours intermittently. Staff reported 86 of these incidents involved aggression and violence to others. Six incidents had different categories such as breaches of security and self-harm. We were assured that all six incidents involved actual or serious risk of violence and aggression to others and staff attempted de-escalation first.

We reviewed the information about episodes of seclusion on each ward between 1 April and 30 September 2016. The hospital reported 148 episodes of seclusion during this six-month period.

Kirby Ward reported 44 episodes, which was the highest of all the wards. Fenton reported 37, Boston 36, Farndale 20, Kyme 10 and Dalby reported one. Hambleton Ward had no patients secluded which was the lowest number of episodes.

At our inspection in February 2016, we were concerned that the seclusion documentation did not follow the hospital policy or Mental Health Act Code of Practice. Since then the hospital had taken action to ensure that staff followed the hospital policy and Mental Health Act Code of Practice when patients were secluded.

Managers had improved the governance arrangements around monitoring of seclusion and documentation since our inspection in February 2016. Managers held daily hospital-wide multi-disciplinary meetings to review the use of seclusion. The minutes demonstrated that managers applied best practice according to the hospital seclusion policy and the Mental Health Act Code of Practice. The monthly hospital governance meeting discussed the seclusion reports and ensured the information was available on all wards.

The hospital had an overarching restrictive intervention reduction plan that included the use of seclusion. Senior managers introduced a pilot project to implement electronic seclusion documentation as part of the plan in August 2016. At the time of our inspection, all wards had been issued with a laptop and staff used the electronic system. This meant that staff had timely access to the

information they needed and could update information quickly. Ward and senior managers accessed seclusion records regularly to monitor the quality of the documentation.

The hospital held monthly reducing restrictive practice meetings with staff and patients and included any issues regarding seclusion. This covered environmental concerns as well as wider thinking about the use of seclusion. Staff spoke about a culture of least restrictive approach. Staff used de-escalation areas, quiet rooms, and other strategies such as activities, ground leave and as needed medication as ways of preventing behavioural disturbance. Managers maintained oversight of the hospital progress against the reducing restrictive interventions programme and seclusion through clinical governance meetings and ward to board reports.

Managers provided training to nurses and support staff on how to use the new electronic recording system. These training workshops commenced in August 2016 and occurred twice weekly. Timing was varied to enable staff working night shifts to attend. 72% of staff had received the training. We observed one training session delivered to support workers. The training included both the technical aspects and discussion around what good documentation should include. Managers also consulted with staff to make improvements to the system. Staff displayed visual prompts and flow charts on the wards to ensure they followed the hospital seclusion policy.

The hospital carried out regular audits of seclusion records to monitor the quality of the documentation. We reviewed 45 seclusion audits of individual seclusion records. The audits were comprehensive and identified where the quality of the records was good, acceptable, or needed improvement. The audit outcome clearly documented any actions taken and lessons learned. Senior staff discussed the outcome of seclusion audits at regular meetings and shared findings with staff. We reviewed four staff clinical supervision records where supervisors addressed issues of concern related to seclusion with the supervisee. We saw that staff had action plans to improve their performance and supervisors monitored their progress.

We reviewed the paper and electronic records for three patients who had recently been secluded. Staff completed comprehensive and detailed records about the patient's seclusion in all three records. The documentation met the hospital policy and Mental Health Act Code of Practice.

## Forensic inpatient/secure wards

All wards we visited had been issued with a laptop and staff used this to document seclusion records. The qualified nurse created a record at the start of every seclusion. This included a seclusion observation and two hourly nursing review form, 15-minute observation recordings and food and fluid recording. The multi-disciplinary team held seclusion reviews and medical staff completed medical review forms. Staff documented clear reasons for seclusion and maintained detailed records of 15-minute observations, reviews and food and fluid intake. At medical reviews, doctors considered the patient's physical and mental health, risks, seclusion care plan, and information from nursing reviews. Medical staff clearly explained in the documentation why the patients must remain in seclusion or why seclusion ended. Staff recorded patients' feedback following a period of seclusion to gather their views wherever possible. Patients said they understood the reason for their seclusion and what they needed to do before their seclusion ended. Where patients remained in seclusion for longer than eight hours or 12 hours intermittently over a 24-hour period, staff carried out independent reviews. This ensured that patients were secluded for no longer than necessary to achieve the aim of preventing harm to others. This was in keeping with the hospitals restrictive practice reduction programme, the hospital policy and the Mental Health Act Code of practice.

Staff ensured that all patients were safe during a period of seclusion. Staff completed a seclusion care plan and risk assessment for patients' care and treatment during seclusion. When patients were secluded on other wards, staff who were familiar with the patient started the seclusion documentation and carried out the observations. However, this was dependent on staff availability and there were times when staff observed patients with whom they were not familiar. However, staff received a handover about the patient and the two hourly nurse reviews always included a nurse from the ward the patient came from.

Patients wore their own clothing in seclusion and staff recorded a risk assessment to explain the removal of unsafe items such as belts or glasses, which patients might use to harm themselves. Staff reviewed risk assessments to ensure it was safe for patients to have things with them in the seclusion room such as a radio or to leave the seclusion room. Staff carried out continual within eyesight observations during seclusion.

### **Track record on safety**

We did not assess this during our inspection

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

We did not assess this during our inspection