

**Good** 

# Coventry and Warwickshire Partnership NHS Trust

## Forensic inpatient/secure wards

### Quality Report

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### Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/unit/team)	Postcode of service (ward/unit/team)
RYG12	Brooklands Hospital	Janet Shaw Ward	B37 7HL
RYG12	Brooklands Hospital	Eden Ward	B37 7HL
RYG12	Brooklands Hospital	Malvern Ward	B37 7HL
RYG12	Brooklands Hospital	Snowdon Ward	B37 7HL

This report describes our judgement of the quality of care provided within this core service by Coventry and Warwickshire Partnership NHS Trust. Where relevant we provide detail of each location or area of service visited.

Our judgement is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from people who use services, the public and other organisations.

Where applicable, we have reported on each core service provided by Coventry and Warwickshire Partnership NHS Trust and these are brought together to inform our overall judgement of Coventry and Warwickshire Partnership NHS Trust.

# Summary of findings

## Ratings

We are introducing ratings as an important element of our new approach to inspection and regulation. Our ratings will always be based on a combination of what we find at inspection, what people tell us, our Intelligent Monitoring data and local information from the provider and other organisations. We will award them on a four-point scale: outstanding; good; requires improvement; or inadequate.

### Overall rating for the service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

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

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

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

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

# Summary of findings

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# Summary of findings

## Overall summary

### **We rated forensic inpatient/secure wards as good because:**

- Environments were clean and well presented. Where there were risks, these had been mitigated. Staff were experienced and fully trained for their roles. Specialist training was also available. Management were also aware of the needs of the staff group and were able to support them through their personal development.
- Documentation relating to the care of the patients were complete and of a high standard. Staff were aware of these and had good knowledge of the information care records contained. There was a full range of staff to ensure that care was developed and delivered to a high standard.
- Patients and carers were very complimentary about the staff and the service that was provided. Staff were seen to be engaging patients and carers in a positive way and there was a good deal of patient involvement in ward developments. This included patient involvement in recruiting staff.

- There was a range of rooms available and “the retreat” had been developed to enhance sessions and provide patients from Snowdon Ward with an area that they could go to undertake sessions that was away from the ward areas.
- Staff we spoke to were happy in their roles. They stated that they were happy working in the trust and felt that the senior managers were a visible presence that re-enforced the trusts core values.

However:

- There were errors found in the safe storage of medication. Room temperatures exceeded those laid out in best practice guidelines on Janet Shaw and Malvern wards. There were also out of date clinical equipment in some of the clinics we checked.
- Some staff had been unable to access training in the Mental Health Act. We were shown evidence that all staff had been booked onto training but, due to the limited number of places, some staff had to wait to complete this.

# Summary of findings

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

### Are services safe?

#### We rated safe as good because:

- All wards had current environmental risk assessments completed which accounted for and mitigated against known potential risks with the environment. Staff reviewed and updated these regularly.
- The forensic service had met trust targets in relation to mandatory training. There were also systems in place to ensure that regular experienced staff were available on each shift.
- Risk assessments had been undertaken for each patient on admission. These had been updated regularly. Nationally recognised tools such as HCR20 had been used to assess risk in different areas of care for each patient.
- There was one informal patient on one of the wards we inspected. Due to the nature of the ward, restrictions had been placed upon this patient. This was unavoidable and was being managed well by staff. The patient had had their rights explained to them regularly.
- Staff across the service had received training specific for staff working in forensic services. There had been a focus on relational security as a measure to reduce incidents and staff were not able to work on any of the wards until they had received training in this.
- A manager or psychologist debriefed staff after incidents. We were also given examples of quality improvements that had been undertaken because of investigations into incidents.

However:

- We found some out of date medical supplies during our inspection of clinic rooms. We pointed this out and these items were removed immediately.
- Patients reported to us that bathrooms were not cleaned effectively at Snowdon Ward. We also found that one of the bathrooms was out of use.
- Staff stored medicines securely; but the temperature in the room containing medicine on the both Janet Shaw and Malvern ward was consistently above 25 degrees. Staff had taken steps such as opening the window and using a portable air conditioning unit but this was not a permanent solution.

Good



### Are services effective?

#### We rated effective as good because:

Good



# Summary of findings

- All patients' notes that we inspected had care plans in place. Care plans covered a number of different areas of patient care and had been created in collaboration with the patients and their wishes had been considered throughout this process. We also found that in most cases consideration had been given to patient's physical health. All patients had undergone a physical examination upon admission and, where required, a care plan had been created to manage physical health issues.
- Staff followed national guidance in all areas of care delivery. They also used nationally recognised tools to measure the severity of outcomes. We also found that managers encouraged all staff to participate in clinical audit.
- Wards had a full range of mental health disciplines available including psychiatrist, psychologists, occupational therapists and qualified nurses and health care assistants. Staff could access specialist training for their roles and managers made sure staff knew when training was available. We found that supervision and appraisal rates were high and staff were supported by their managers.
- Multidisciplinary team meetings took place every two weeks. Staff discussed patient care including discharge planning at these meetings. Handovers took place twice a day and these focussed on ensuring that staff were up to date on the needs of the patient group. There were also regular meetings with teams outside of the forensic service to discuss specific issues, for example the use of restraint.
- Staff had knowledge of both the Mental Health Act and the Mental Capacity Act and were able to talk in detail about both documents and how they related to their roles and delivery of care.

However:

- Some staff had been unable to access training in the Mental Health Act. We were shown evidence that all staff had been booked onto training but, due to the limited number of places, some staff were showing as out of date.

## Are services caring?

### We rated caring as good because:

- We saw high levels of patient engagement across all wards. Staff were able to tailor their interactions with individuals to

Good



# Summary of findings

best engage each patient. They did this while taking into account their interests and preferences. Managers were available for patients to talk to and they had good knowledge of the individual needs of the patient group.

- Patients received lots of information about the service on admission. There was also information posted around the ward areas on noticeboards. This included information about how to make a complaint, access local services, advocacy and other information relating to forensic services.
- Patients had advanced decisions in place and had been heavily involved in planning their care. This was evident in care notes, which were holistic and presented patients views in their own words. Where required these were available in easy read format. Carers also stated that they had been involved in care planning and were complimentary of the staff and service.
- Patients had been involved in service development and improvement. For example, patients had been involved in the recruitment of staff.

## Are services responsive to people's needs?

### We rated responsive as good because:

- The forensic service took patients from across the U.K. The beds were held for patients when they were out on leave so were always available when they returned. Patients were not moved between wards unless this was as part of their treatment. The wards planned discharges in a personalised way to meet the needs of patients. Care plans referred to section 117 aftercare for patients working towards discharge.
- All wards provided a range of rooms to support treatment and care including activity and therapy rooms. Snowdon Ward had an additional building in their grounds, which they called 'The Retreat'. This building was used by patients for a range of activities including horticulture, arts and crafts, a poolroom, a kitchen, laundry room and will eventually have computers and an area to be used for life skills such as budgeting.
- All wards were on the ground floor and had doors and corridors wide enough for wheelchair access. There was information posted around the ward that was available in a number of different languages and easy read. There was access to interpreters including signers. Food was available to meet patients' dietary and cultural needs and there were chaplains and other spiritual leaders available for patients to be able to address their religious needs.

However:

Good



# Summary of findings

- Between 1 March 2016 and 28 February 2017 there were a total of six delayed discharges in this core service, all of which occurred on Snowdon ward. Staff reported that delays happened due to funding issues, not enough suitable placements and waiting for permission from the parole board or Ministry of Justice.
- Food was brought into the ward. Patients reported that the menu was repetitive and the quality poor although the trust had recently changed to a new supplier to try to improve this
- Patients stated they knew how to complain but the complaints form was not in an easy read format so they could only use this with support from staff.

## Are services well-led?

### We rated well-led as good because:

- Staff we spoke to were aware of the trusts visions and values. The objectives that had been set for individuals at appraisal and for the team in general reflected these. Staff were aware who the trusts most senior managers were and in many cases, they stated that they had visited the wards regularly.
- Staff were appraised regularly, supervision was available and training levels were above trust targets in most areas. Staff could access supervision on other units if required. Managers would, wherever possible, try to ensure that the staff that worked on the ward were familiar with the patient group and were aware of their needs. This included when bank or agency staff were used.
- The staff we spoke to stated they enjoyed their jobs and showed a high level of commitment to both the hospital and the patients they cared for.
- Staff said they were involved in the Quality Network for Forensic Mental Health Services.

However:

- Staff from the project engagement team who supported activities on the ward stated that morale in their team was low due to the uncertainty about potential changes to their role.

Good





# Summary of findings

## Information about the service

The secure services at Brooklands Hospital provides specialist assessment, treatment and where appropriate intensive rehabilitation services, for offenders with a learning disability in a range of medium and low secure placements. Patients have a mild to moderate learning disability and are detained under a Section of Part 3 of the Mental Health Act. They have restricted access to the community and other onsite activities.

We visited four wards. All wards take patients from across the country. Janet Shaw Ward is a medium secure ward for men. They have 15 beds although at the time of the inspection they had 11 patients as some rooms had been closed for planned refurbishment.

Malvern Ward is a 15-bedded low secure ward for men. At the time of the inspection, they had 15 patients.

Snowdon Ward is an 11-bedded low secure ward for men. This ward was full at the time of the inspection.

Eden Ward is a low secure ward for women, which has 15 beds. At the time of the inspection, they had 13 patients.

The forensic wards were last inspected in April 2016.

## Our inspection team

Our inspection team was led by:

Head of Inspection: James Mullins, Care Quality Commission (CQC)

Inspection Manager: Paul Bingham, Care Quality Commission (CQC)

The team who inspected forensic inpatients/secure wards was comprised of one CQC inspector, three specialist advisors including a doctor, a nurse, a clinical psychologist, and an Expert by Experience.

## Why we carried out this inspection

We undertook this inspection to find out whether Coventry and Warwickshire Partnership NHS Trust had made improvements to their forensic inpatient services since our last comprehensive inspection of the trust in April 2016.

Coventry and Warwickshire Mental Health Partnership NHS Trust was last inspected in April 2016. At that time, forensic inpatient wards were rated as good for effective, caring, responsive and well led and requires improvement for safe. This gave them an overall rating of good. We issued the following requirement notices

- The trust must review its seclusion at Janet Shaw Ward to ensure it is fit for purpose and ensure staff across wards have accurate information on which seclusion rooms are in use.
- The trust must ensure that there is enough staff on duty to meet the needs of the patients.
- The trust must ensure that staff have training on the Mental Health Act (1983).

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

- Regulation 18(1)(2)(a)
- Regulation 15(1)(c)(e)(f)

# Summary of findings

## How we carried out this inspection

To fully understand the experience of people who use services, we always ask the following five questions of every service and provider:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

Before the inspection visit we:

- reviewed information that we held about these services
- asked a range of other organisations for information
- sought feedback from patients at three focus groups.

During the inspection visit, the inspection team:

- visited all four forensic wards at the Brooklands Hospital site and looked at the quality of the ward environment and observed how staff were caring for patients

- spoke with 28 patients who were using the service and five carers
- spoke with the managers or acting managers for each of the wards
- spoke with 23 other staff members; including doctors, nurses, speech and language therapists, psychologists, occupational therapists, activity workers and psychiatrists
- attended and observed one multi-disciplinary meetings and one patient therapy group
- collected feedback from six patients using comment cards
- Looked at 22 care records of patients
- carried out a specific check of the medication management on four wards and checked 50 medication charts
- looked at a range of policies, procedures and other documents relating to the running of the service.

## What people who use the provider's services say

We spoke to 26 patients and five carers. We received six comments cards all from Snowdon Ward. These were positive about the ward and staff. All carers we spoke to were happy with the care and support their relative was receiving. They spoke highly of the way staff treated patients.

Of the patients we spoke to two stated that they did not always feel listened to by staff but the others were complimentary of the support they received and felt that staff went out of their way to help them. All patients mentioned the quality of the regenerated food and felt that the choice was limited.

## Areas for improvement

### Action the provider SHOULD take to improve

### Action the provider SHOULD take to improve

- The provider should ensure that all staff complete Mental Health Act training.
- The provider should ensure the clinic rooms in Janet Shaw Ward and Malvern Ward have the equipment needed to keep them below 25 degrees and that temperatures are recorded on a daily basis on Malvern Ward
- Staff should ensure that the clinic room on Eden Ward is clean and tidy.
- The trust should ensure food is varied and of a good quality for patients and meets, their dietary needs.
- The trust should ensure the complaints form is available in an easy read format for patients with a learning disability.
- The trust should ensure staff from the project engagement team are kept up to date with potential changes to their roles.

# Coventry and Warwickshire Partnership NHS Trust

## Forensic inpatient/secure wards

### Detailed findings

#### Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
Janet Shaw Ward	Brooklands Hospital
Eden Ward	Brooklands Hospital
Malvern Ward	Brooklands Hospital
Snowdon Ward	Brooklands Hospital

#### Mental Health Act responsibilities

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

The trust had provided training for staff in the Mental Health Act. However, wards reported that there had not been enough spaces for all staff. We saw that all staff who had not completed the training had been booked on to the next available date. Eden had the highest completion rate with 100% and Malvern the lowest with 70%.

Mental Health Act paperwork was complete and in good order. Staff demonstrated a good knowledge of the act and the code of practice and understood the impact this had on their patients. Staff could access additional support with the Mental Health Act through the administrators based on the Brooklands site or through those based at the trust.

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

The wards had a 91% overall compliance for training in the Mental Capacity Act. Janet Shaw Ward had the highest with 97 % and Snowdon the lowest with 86%. Staff

demonstrated a good understanding of the act and its five statutory principles. They assumed all patients had

# Detailed findings

capacity and assessments had been completed on a decision specific basis by staff who knew the patient and with support from other professionals such as occupational therapists or speech and language therapists.

Staff had not made any Deprivation of Liberty Safeguards applications but knew how to do this and when it might be needed.

# Are services safe?

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

\* People are protected from physical, sexual, mental or psychological, financial, neglect, institutional or discriminatory abuse

## Our findings

### Safe and clean environment

- Janet Shaw Ward had clear lines of sight in all areas of the ward. The layout on Snowdon, Malvern and Eden wards differed and did not allow for this. These wards had mirrors placed in those areas difficult to observe and staff individually risk assessed patients before allowing access to these areas.
- All wards had ligature points but these were mitigated against with detailed ligature risk assessments and individual risk assessments for patients.
- All wards provided single sex accommodation and complied with guidance relating to this.
- Most clinic rooms were clean and well equipped. However, on Eden Ward the resuscitation kit and oxygen cylinder were unclean and the room was untidy. The first aid kit was difficult to locate and incomplete. Snowdon Ward had expired needles, lactulose, and the controlled drugs book was not kept in the locked cabinet. We found out of date needles. On Malvern the resuscitation was incomplete, for example, magill forceps are missing. There was an out of date spillage kit on Janet Shaw Ward although rectified this while we were on site.
- Janet Shaw, Malvern and Eden wards had seclusion rooms. These allowed for clear observation, two-way communication, had toilet facilities and a clock.
- Housekeeping staff on all wards ensured they were clean and well maintained although patients on Snowdon Ward reported issues of cleanliness with the shared bathrooms. This was an issue, as patients on this ward did not have en-suites. One bathroom on this ward was out of use due to issues with the condition of the bathroom. The manager reported that they were waiting for repairs to be completed.
- Brooklands Hospital scored better than the England average for the PLACE survey at 99% for cleanliness and condition of the wards. PLACE assessments were self-assessments undertaken by teams of NHS and private/independent health care providers, and include at least 50% members of the public (known as patient assessors).

- Staff adhered to infection control principles. Wards provided hand gel and displayed handwashing posters and we saw infection control audits, which took place regularly.
- Equipment was maintained and clean stickers were visible and in date.
- Wards had staff to clean the wards although patients were encouraged to keep their own space tidy. They did not keep cleaning rotas but followed a daily cleaning plan.
- Wards had environmental risk assessments in place and staff updated these as risks changed.
- All staff carried individual alarms. Staff had to check these worked on entry to the wards. They could press a button on the alarm for a local call or pull the alarm to alert staff across the site to respond. Wards indicated daily which staff members would respond to a site alert.

### Safe staffing

- All wards used the trusts safe staffing tool to estimate the number of staff and grades required for each ward.
- From 1 February 2016 to 31 January 2017, Eden Ward had establishment figures of 14 whole time equivalent (WTE) qualified staff and 21.12 WTE healthcare assistants (HCA's). Janet Shaw's establishment figures were 13.80 WTE qualified and 18.73 HCA's. Snowden's figures were nine WTE qualified and 18.50 HCA's. Malvern has 8.80 WTE nursing staff and 20.26 WTE HCA's. The overall total of nursing vacancies for the wards was 5.34WTE with Eden Ward having the highest number at 5.27 WTE. The number of vacancies for HCA's was 7.57WTE with Eden having the highest number at 3.87WTE. Managers explained that they were not currently recruiting to posts as two other wards on the Brooklands Hospital site were being restructured and staff will be redeployed from these wards.
- From 1 February 2016 to 31 January 2017, the trust reported that bank or agency staff had not filled 290 shifts. Eden Ward had the highest number at 118 shifts.
- Between 1 February 2016 and 31 January 2017, Malvern Ward had the highest average sickness rate with 15.9%, around seven percentage points above the core service average and ten above the trust average. Sickness levels

# Are services safe?

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

peaked in Eden, Snowdon and Malvern wards between July and August with sickness rates of 11.8% and 12.4% respectively. February had the lowest sickness rate of 5.1%.

- Each Ward had the required number of nurses on each shift. There were no gaps on the rotas. Wards ensured a qualified member of staff or experienced permanent healthcare assistant was available to be in communal areas at all times and had enough staff to carry out physical interventions safely for patients.
- Ward managers could adjust staffing levels on a daily basis to meet the needs of patients. Managers offered additional shifts to permanent staff first through the NHS bank that they used. Rotas showed that bank staff who worked on the wards and knew the patients covered most shifts. Managers used agency staff if they needed cover at short notice for sickness or increased levels of observations.
- Escorted leave and activities were rarely cancelled and when this happened staff spoke to patients and gave a clear timeframe for when this would take place.
- Medical cover across the wards was good due to the fact the psychiatrists were based on site and had a regular presence on the wards. An on call rota for the Brooklands hospital site provided medical cover out of hours. Consultants said that they would contact each other if they needed additional information about a patient.
- The trust had a compliance rate of 95% for mandatory training which included safeguarding for vulnerable adults and children, equality and diversity and infection prevention. Malvern Ward had the lowest compliance rate with 75% and Janet Shaw the highest with 91% as at 31 January 2017.

## Assessing and managing risk to patients and staff

- There had been nine incidents of seclusion for the previous six months from January 2017 to June 2017; seven of these had been for Eden Ward and two for Janet Shaw.
- The wards reported 277 episodes of restraint on 23 patients from 1 May 2016 to 20 April 2017. Of these, 38 were in the prone position. Eden Ward had the highest number with 191 restraints involving six individual patients and Snowdon Ward reported the lowest number with two episodes of restraint involving two patients.

- Staff tried to avoid using seclusion and on the few occasions this had happened it was short term and staff had completed the records we looked at correctly.
- We reviewed 23 sets of patient's records. Staff carried out risk assessments on patients prior to admission and on an ongoing basis as needs changed. Staff used the HCR -20 a tool for violence risk assessment and management. Risk assessments had been dated and contained a sheet to indicate when plans had been updated. The HCR-20 had been converted into an easy read format for patients. The records showed individualised risk assessments such as one for a patient to have access to pens in his room, kitchen access and for escorted leave.
- The wards had contraband lists, which included items such as knives and scissors. Staff explained the reasons for this to patients on admission to the ward. There were no unwarranted blanket restrictions in place. Staff risk assessed these on an individual basis and discussed them in multidisciplinary team meetings.
- Snowdon Ward had one informal patient. As the ward was low secure, this meant that some restrictions had to be placed on this patient to ensure the safety of the other patients on the ward. We observed this being explained to the patient in the multidisciplinary team meeting and it was noted in care plans, which the patient had signed and agreed. The ward worked to give the patient as much freedom as possible as they were waiting to be discharged. We spoke to the patient who was happy to stay on the ward with the restrictions in place.
- Wards followed the trusts policies and procedures for the use of observations. We looked at the observation records, which had been completed correctly with the exception of Eden ward where there were a small number of gaps in the recording and three records, which had not been signed by two staff.
- Staff had received management of actual or potential aggression training and could not work on the wards until this was completed. Staff gave many examples of using de-escalation on the wards and we observed this during our visits. The consultant psychiatrists reported the low use of seclusion, restraint and rapid tranquilisation was due to the high skill base of staff in using de-escalation techniques and their knowledge of the patient's individual needs.

# Are services safe?

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

- Use of rapid tranquilisation was low but when this occurred, it was in line with National Institute for Health and Care Excellence guidelines.
- As of 31 January 2017 96% of staff on the wards had completed level 2 safeguarding training for both adults and children. Staff understood when to make a safeguarding referral and who to contact at both the local authority and within the trust if they needed additional support.
- We found clinical pharmacists were involved in patients' individual medicine requirements. Prescription charts were clear and well documented with pharmacist interventions written on the chart. Appropriate arrangements were in place for recording the administration of medicines. These records were clear and fully completed. The records showed patients were getting their medicines when they needed them. If patients were allergic to any medication, this was recorded on their prescription chart. Medicines were stored securely; however, the temperature in the room containing medicine on the both Janet Shaw and Malvern ward was consistently above 25 degrees. We looked at records from February 2017 to June 2017 and found that the temperature had been high on 40 occasions out of 115 on Janet Shaw. On Malvern, staff had recorded high temperatures on nine occasions and had 12 days where they had not recorded temperatures at all. Staff had taken steps such as opening the window and using a portable air conditioning unit but this was not a permanent solution to the issue.
- Staff showed an awareness of issues such as falls and pressure sores although these were not an issue on these wards.
- Staff did not allow children on to the wards due to issues of safety but space was available for them to visit near to the entrance of the ward and outside of the main ward area. We saw risk assessments for individual patients around visitors including children.
- There had been no reported serious incidents for these wards in the 12 months prior to the inspection Staff gave examples of adverse events and learning from these including improving communication between staff and patients.
- The wards worked to the Quality Network for Forensic Mental Health Services standards for low and medium secure care 2016. The wards trained staff in all elements of this before they were allowed to work on the wards. In particular their use of relational security which was the knowledge and understanding staff have of their patients and of the environment and the translation of that information into appropriate responses was embedded in everything they do to support patients. Snowdon Ward provided additional ward based training for staff and their attention to detail on this allowed patients to take positive risks as they prepared for discharge from the ward.

## Reporting incidents and learning from when things go wrong

- Staff knew which incidents to report and used an electronic recording system to do this. All staff we spoke to confirmed they reported all incidents in a timely manner. They gave examples of explaining things to patients if an error occurred and recorded this on the incident forms and in patients' records.
- Staff received feedback of incidents through supervision and discussed in multidisciplinary team meetings and at the daily handovers.
- Managers gave examples of changes being made following incidents such as additional support and training for staff around communication.
- Managers and psychology debriefed staff following a serious incident. The trust provided a confidential counselling service, which staff could access if they needed to. On Janet Shaw, we saw an easy read debrief sheet that staff used with patients after an incident.

## Track record on safety



# Are services effective?

Good 

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

## Our findings

### Assessment of needs and planning of care

- We reviewed 23 sets of patient records during the inspection. Each patient had several care plans, which had been personalised to meet the needs of the individual. These included plans for violence and aggression, management of self-harm, therapeutic activities and interactions with others. Staff updated records and staff and patients had signed these. All patients had detailed positive behavioural support plans, which staff completed and updated on a regular basis.
- Staff undertook physical health examinations on admission with regular review according to individual patient need. We found one record where a patient on a high dose of medication did not have a care plan in place for this although regular clinical monitoring was taking place and another patient where staff had not created a care plan for him on admission although he had a history of epilepsy. This was raised with the manager who stated the plan was going to be completed as soon as possible.
- Care plans were holistic and recovery focussed. They included plans for discharge where appropriate. We saw that staff referred to National Institute for Health and Care Excellence guidelines and trust policies on the care plans.
- The wards used paper records with a plan to move to the electronic system in the next few months. Staff stored records securely in locked filing cabinets in the nurses' office, which was also locked.

### Best practice in treatment and care

- Staff followed National Institute for Health and Care Excellence guidance such as NG10 Violence and Aggression: short-term management in mental health, health and community settings when prescribing medication.
- A psychology team based at Brooklands Hospital provided psychological interventions to patients on the wards.
- Staff monitored physical healthcare referred patients to other services for treatment. In one record staff had completed an assessment and referred the patient for

treatment at the acute hospital. Records contained a completed health action plan and staff used the malnutrition universal screening tool to monitor nutrition and hydration if needed.

- Staff use Health of the Nation Outcome Scales (HoNOS) and Brooklands Hospitals own outcomes scales for recording outcomes for patients.
- Managers encouraged staff to participate in audits such as infection control, security audits, key checks, environmental audits and mattress audits.

### Skilled staff to deliver care

- Brooklands hospital had a full range of mental health professionals including doctors, nurses, healthcare assistants, occupational therapists, psychologists, speech and language therapists and activity workers. They worked across the wards in a flexible way to suit the needs of patients.
- Managers stated that staff had the experience and qualifications to fulfil their roles. Some staff had been students on the wards and had waited for posts to become available so that they could apply for jobs. Staff received training in positive behavioural plans and dialectical behavioural therapy.
- All staff including agency, bank and contractors received a security induction before going on to the wards. Staff also had a key and fire induction alongside the induction provided by the trust. Healthcare assistants were trained to NVQ level 2 or 3 or in the care certificate.
- Staff received management supervision every six to eight weeks. We reviewed eight sets of supervision records. They included items such as section 17 leave and staff responsibilities for this, care planning and relational security. These were up to date and signed. Staff could access clinical supervision for qualified staff and healthcare assistants on a weekly basis. Each ward provided a time slot for this so that staff from any ward could attend.
- The trust had a compliance rate of 95% for staff appraisals. From 1 February 2016 to 31 January 2017. Janet Shaw Ward had the highest rate at 100% and Eden Ward the lowest at 82%. Staff on long-term sickness had affected the rates on some wards.
- Staff could access specialist training for their roles and managers made sure staff knew when training was available.



# Are services effective?

Good 

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

- Managers gave examples of managing issues with staff performance through mentoring and providing additional support and training. If issues could not be resolved at a local level then this would be escalated using the trusts policy. Wards reported no issues with staff performance at the time of the inspection.

## **Multi-disciplinary and inter-agency team work**

- Multidisciplinary team meetings took place weekly. We observed one meeting. The patient was present and encouraged to be fully involved in the meeting. Doctors reviewed and discussed medication. Plans for discharge and issues with delayed discharge for one patient who was informal was discussed in full so that staff understood how this was being managed. All members of the multidisciplinary team were consulted before decisions were made about leave and medication.
- Handovers took place twice daily and were detailed so that staff coming on duty knew of any current issues or concerns.
- Communication between the teams at Brooklands Hospital works well and they have a weekly site meeting to discuss restraints and incidents.
- Staff reported some delays in working with outside agencies such as social services in securing funding and accommodation for patients from the low secure wards to move on to once discharged.

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

- The trust had organised Mental Health Act training for staff although managers reported difficulties in accessing the training due to the demand for it. All staff had been trained to level 2 or were booked on to training and we saw the paperwork showing this was the case. Eden Ward had trained 100% of staff; Janet Shaw had a completion rate of 77%, Malvern Ward 70% and 92% for Snowdon Ward. Staff showed a good understanding of the act and the code of practice.
- Mental Health Act paperwork was handed to qualified staff when patients were admitted to the ward who checked it was in good order.
- Staff could access administrative support and legal advice through the Mental Health Act team on the Brooklands site or through the team based at the trust. Staff we spoke to knew who Mental Health Act administrators on the Brooklands Hospital site were and could name the team based at the trust.

- Staff showed a good awareness of the conditions for leave and explained this to patients.
- Staff informed patients of their rights under the Mental Health Act read to them on admission and when required after this although the paperwork did not always indicate that staff had done this. Of the 26 patients we spoke to 20 stated they had their rights read to them regularly. The remaining six patients had not answered this question.
- All paperwork we looked at had been completed correctly and paperwork was in good order. Consent to treatment and capacity requirements had been adhered to and these forms were attached to the medication charts. The Mental Health Act administrator carried out regular audits of paperwork and shared this with the wards.
- Patients had regular access to the independent mental health advocate who regularly visited the wards. Staff understood when to make a referral and how to do this.

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

- On the 31 January 2017, 97% of staff on Janet Saw had received training in the Mental Capacity Act, 93% on Eden Ward, 88% on Snowdon and 86% on Malvern Ward.
- All patients except one had been detained under the Mental Health Act so there were no Deprivation of Liberty Safeguards applications on these wards.
- Staffs we spoke to knew of the policy for Mental Capacity Act and could access this when they needed to. Staff demonstrated that they understood the five statutory principles and used them to support patients and understood how to make Deprivation of Liberty Safeguards applications if appropriate.
- Staff could seek advice about the Mental Capacity Act and Deprivation of Liberty Safeguards from the team based at the trust. The central team at the trust monitored adherence to the Mental Capacity Act for the wards.
- Staff on the wards worked on the principle that patients had capacity and only assessed this for decision specific issues if there was any doubt. Occupational therapists and speech and language therapists assisted with capacity assessments to ensure patients had a full opportunity to make decisions. Completed capacity assessments were detailed. They showed how the patient had contributed to the discussion.

# Are services effective?

Good 

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

- Where a patient lacked capacity the multidisciplinary team would make decisions in the patient's best interests taking in to account the patient's history and cultural beliefs.
- Staff showed knowledge of the mental capacity definition of restraint as this was part of their training.

# Are services caring?

By caring, we mean that staff involve and treat people with compassion, kindness, dignity and respect.

## Our findings

### Kindness, dignity, respect and support

- On all wards, we observed staff treating patients with kindness, dignity and respect. It was clear staff knew their patients and the best way to communicate with them whether this was with banter or quiet emotional support. Managers on Snowdon Ward had an open door policy, which meant patients could approach them at any time, and they knew the patients well.
- Patients reported that staff treated them well and were friendly towards them. They liked the fact that staff knew them well and understood their needs. Two patients on Malvern Ward felt that staff did not listen to them and they sometimes felt mocked by staff.
- Staff showed a high level of understanding of the needs of individual patients. On Snowdon Ward in particular, we saw that this allowed patients a degree of independence as staff could observe and react to even the smallest nuances in the way patients behaved.
- Brooklands hospital scored 98% in the PLACE scores for privacy, dignity and wellbeing, which was higher than the national average.

### The involvement of people in the care they receive

- Patients received information about the ward during the admission process. New patients were placed on 24 hours of increased observations to ensure they were fully supported during the admission process. Staff provided toiletries and clothes for some patients who arrived on the ward with no belongings.

- Staff included patients in care planning. The main care plans had been written by staff in language they would use however the files contained other documents completed by patients such as my day, my rights and my choice. These documents were in an easy read format with pictures and symbols. We observed that patients had been included in multidisciplinary meetings and their views taken into account and recorded. Twenty patients of the 28 we spoke to said they had received a copy of their care plan or could get this from the nurses' office if they wanted it.
- Patients had access to both independent mental health advocacy and generic advocacy. Advocates visited the wards on a regular basis to speak to patients.
- Families and carers had been involved in meetings for patients where appropriate. The five carers we spoke to stated they were happy with the care their loved ones received and felt able to contribute when needed.
- Wards held regular community meetings with patients. These were well attended and minutes from these and actions taken were available for patients to read. Patients organised a petition when they heard the coffee shop on the Brooklands Hospital site was due close. They received visits from senior members of trust staff and patients felt their opinions had been listened to.
- Patients on Snowdon Ward had been involved in the recruitment interviews for a new consultant psychiatrist. Both the ward staff and patients stated this had been a positive experience.
- Patients had advanced decisions written into their care plans and their positive behavioural support plans.

# Are services responsive to people's needs?

Good 

By responsive, we mean that services are organised so that they meet people's needs.

## Our findings

### Access and discharge

- The forensic wards at Brooklands Hospital were a national service taking patients from across the country. Wards only accepted planned admissions and they did not provide emergency beds. The male wards Janet Shaw, Snowdon and Malvern wards only took patients who had been through the criminal justice system and had a learning disability. Eden ward for women took patients who had a learning disability, a mental health diagnosis or a combination of both. Referrals for the male low secure wards came mainly from the Janet Shaw Ward or NHS England. Referrals for Janet Shaw Ward came through NHS England.
- The average bed occupancy from 1 March 2016 to 28 February 2017 was 100% for Snowdon Ward, 95% for Malvern Ward, 85% for Eden Ward and 78% for Janet Shaw. The average length of stay for Janet Shaw over the same 12 months was 397 days, 162 days for Eden ward, 179 days for Snowdon and 373 days for Malvern.
- There were no out of area placements reported for this core service between 1 March 2016 and 28 February 2017.
- As this was a national service beds being available for the local catchment area did not apply however, staff showed a commitment to keeping people in touch with their local communities where appropriate.
- Patients kept their beds until they were discharged and always had their own bed to return to if on leave. Patients were not moved between wards unless it was a planned move from medium secure to low secure wards for patients.
- The wards planned discharges in a personalised way to meet the needs of patients. If a patient moved from medium secure to low secure, they were introduced to staff before the move and a detailed handover was completed. For patients being discharged from low secure wards, staff provided an individualised comprehensive discharge package. This involved staff going to new placement with patients to provide training and to ensure that there was a seamless handover for patients. If needed patients had a phased programme of visits to the new placement for four to six weeks until they felt ready to move permanently.
- Between 1 March 2016 and 28 February 2017 there were a total of six delayed discharges in this core service, all

of which occurred on Snowdon ward. Staff reported that delays happened due to funding issues, not enough suitable placements and waiting for permission from the parole board or Ministry of Justice.

- Where appropriate care plans referred to section 117 aftercare for patients working towards discharge.

### The facilities promote recovery, comfort, dignity and confidentiality

- All wards provided a range of rooms to support treatment and care including activity and therapy rooms. The wards had quiet areas patients could use and a room at the start of the wards, which could be used for visitors. Snowdon Ward had an additional building in their grounds which they called 'The Retreat'. This building was used by patients for a range of activities including horticulture, arts and crafts, a poolroom, a kitchen, laundry room and will eventually have computers and an area to be used for life skills such as budgeting. Although the manager had the original idea, the work to improve the building was patient led and supported by staff and the Head of Estates who was supporting patients to have work experience in painting and decorating the building. Patients could access this building in the evening for leisure activities off the ward and took responsibility for cleaning it. Staff used it to put on special events for patients such as a restaurant-style Christmas dinner.
- Patients had access to a phone on the ward or could use a phone from the office if the phone areas were being used. Snowdon Ward were in the process of introducing basic mobile phones, which patients could have use of when on unescorted leave.
- All wards had access to outside space. Staff monitored this due to the risk of ligatures in these areas. Snowdon Ward had a small courtyard that patients could access freely and the larger area, which had trees and was quite hilly, was used for sports activities, which was supervised.
- Food for the evening meal was brought into the ward. Patients reported that the menu was repetitive and the quality poor although the trust had recently changed to a new supplier to try to improve this. Patients had access to sandwiches and housekeepers tried where possible to add to the food to improve how it looked and tasted.
- PLACE assessments were self-assessments undertaken by teams of NHS and private/independent health care

# Are services responsive to people's needs?

Good 

By responsive, we mean that services are organised so that they meet people's needs.

providers, and included at least 50 per cent members of the public (known as patient assessors). Brooklands Hospital scored 99.2%, which was above the England average of 91.9%.

- Patients had access to cold and hot drinks on the low secure wards and cold drinks on Janet Shaw. Staff provided hot drinks hourly or on request on this ward.
- Some patients had been on the wards for many years. They had been encouraged to personalise their rooms and make them feel as homely and comfortable as possible.
- Patients had somewhere safe to keep their possessions either in their rooms or in a locked room. Some patients had keys to their rooms and this was risk assessed on an individual basis.
- Patients had access to a range of activities and a specialist activities team who worked across the wards supported this. Staff provided fewer activities at weekends as they needed to support home leave for patients. Patients had an individual activities timetable, which used pictures, photos and symbols according to their needs. Activities included sessions such as the offenders' group programme and a leavers group for patients who were preparing to be discharged.

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

- All wards were on the ground floor and had doors and corridors wide enough for wheelchair access.
- Information leaflets on a range of things such as medication were available and could be accessed in other languages. The wards worked with speech and language therapists to provide easy read versions of information for patients.

- Staff could access interpreters and signers for people who had hearing loss through the trust and said this was easy to do. They also used staff across the site who had a second language to facilitate communication if needed.
- Food was available to meet dietary and cultural needs such as diabetes to meet the needs of individual patients.
- A chaplain provided spiritual support and access to other faiths. All wards had a multi faith room, which patients could use if they wished to, and staff would provide support with this.

## Listening to and learning from concerns and complaints

- The wards had not received any formal complaints from 1 May 2016 to 30 April 2017.
- Patients stated they knew how to complain but the complaints form was not in an easy read format so they could only use this with support from staff. Staff tried where possible to resolve complaints quickly to avoid issues on the wards and gave patients feedback on how issues had been resolved.
- Staff stated they knew how to manage complaints and could refer patients to the Patient advice and liaison service at the trust. They could also use the generic advocate to support patients with complaints.
- Managers stated that any complaints and the outcomes were fed back to staff through supervision or during handovers.

# Are services well-led?

Good 

By well-led, we mean that the leadership, management and governance of the organisation assure the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.

## Our findings

### Vision and values

- Staff knew the trusts visions and values, which were compassion in action, working together, respect for everyone and seeking excellence. Staff demonstrated that they worked to these values through the support they provided to patients and each other.
- Team objectives were set using the values and managers and staff discuss these in management supervision on a regular basis.
- Staff knew who the senior manager were for the trust and talked positively about the support they received from the management team at Brooklands Hospital.

### Good governance

- Staff received mandatory training but the compliance rate varied across the wards with Malvern Ward being the lowest at 75%. Managers reported that this was due to some long-term sickness and had improved.
- Staff received regular management supervision and appraisals annually. They could access clinical supervision across the wards so that if they could not attend on their own ward they could join another session. Managers operated an open door policy and staff felt they could access support when they needed to.
- Managers tried to use staff who knew the wards to cover shifts. Permanent staff often covered the bank shifts. Managers used agency when the needs of patients were high and managers needed staff for additional observations of patients. Staff of the right grades and level of experience covered most shifts.
- Staff ensured they spent as much time on patient care as possible while also making sure administrative tasks had been covered as this was essential for patient safety.
- Staff participated in audits on the wards and managers encouraged this.
- Staff learned from incidents, complaints and service user feedback and managers gave examples of when this had happened. Staff understood safeguarding. They knew how to make referrals both to the team at the trust and the local authority.

- Wards used key performance indicators around management supervision, appraisals and mandatory training. Managers had access to a dashboard, which was updated and covered these areas and issues such as incident reporting.
- All ward managers felt they had the authority to do their jobs and were well supported by their managers.
- Staff could submit issues such as staffing levels to the trusts risk register.

### Leadership, morale and staff engagement

- Managers reported that they were working to improve sickness levels through providing additional support and mentoring to staff. They put plans in place for staff who had been off due to injury on the wards so that they could return to work and offered flexible working hours so that staff could meet family commitments.
- Managers reported that they had no bullying and harassment cases at the time of the inspection. Staff knew and understood the whistle blowing policy but felt that they would prefer to speak to managers first to resolve issues. One staff member on Malvern Ward had reported that patients had made racist comments. They stated that managers had not fully addressed this when they reported it.
- The staff we spoke to stated they enjoyed their jobs and showed a high level of commitment to both the hospital and the patients they cared for. Staff from the project engagement team who supported activities on the ward stated that morale in their team was low due to the uncertainty about potential changes to their role.
- Staff had opportunities for career progression including management training and we met staff who had started work as healthcare assistants and had progressed to becoming qualified nurses.
- We observed that staff supported each other on the wards. Staff stated that they enjoyed being in the teams they worked in as this created a safe environment to work in. They also provided support to each other across the wards although one staff member stated that they felt unsafe working on other wards as they did not know the patients.
- Staff explained to patients when something went wrong and recorded this in the patient's records.

# Are services well-led?

Good 

By well-led, we mean that the leadership, management and governance of the organisation assure the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.

- Staff felt they could give feedback on the services and this was particularly evident on Snowdon Ward where a healthcare assistant had been very involved in the setting up of 'The Retreat' and had been supported and encouraged to do this by the ward managers.

## **Commitment to quality improvement and innovation**

- Services we inspected were involved in the Quality Network for Forensic Mental Health Services.