

Four Seasons (Granby One) Limited

Forensic inpatient/secure wards

Quality Report

Chippenham, Burwell,
Denham and Exning wards.
Tel: 01638 578900
Website: www.fshc.co.uk

Date of inspection visit: 03 – 05 December 2014
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Locations inspected

Name of CQC registered location	Location ID	Name of service (e.g. ward/unit/team)	Postcode of service (ward/unit/team)
Beech House	1-280143910	Chippenham, Burwell, Denham and Exning wards.	CB8 7LF

This report describes our judgement of the quality of care provided within this core service by Four Seasons (Granby One) Limited. 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 Four Seasons (Granby One) Limited and these are brought together to inform our overall judgement of Four Seasons (Granby One) Limited.

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 forensic inpatient/secure wards

Are forensic inpatient/secure wards safe?	
Are forensic inpatient/secure wards effective?	
Are forensic inpatient/secure wards caring?	
Are forensic inpatient/secure wards responsive?	
Are forensic inpatient/secure wards well-led?	

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

This hospital provided assessment and treatment for men who were detained under the 1983 Mental Health Act and who had mental health needs and an associated learning disability.

Most patients told us that they felt safe in the hospital and there were clear risk assessments and care plans in place.

Different professions worked effectively to assess and plan care and treatment programmes for patients. The provider had an effective and patient centred advocacy service. There was a pro-active occupational therapy and educational department which provided a good provision of patient focused activities.

Patients told us that staff treated them with kindness and respect. We saw positive examples of the engagement of patients in the running of the hospital.

Senior clinicians had access to governance systems that enabled them to monitor the quality of care provided. This included the provider's electronic incident reporting system, corporate and ward based audits and electronic staff training record.

But we also found:

- A 25% shortfall in the number of qualified staff and 10% in the number of care workers against the hospital's own staffing establishment.
- Concerns were identified regarding the safe disposal of stock medication relating to the secure storage of these medicines in the waste bins provided.
- Shortfalls in the attendance of staff at mandatory 'refresher' training opportunities. For example at Mental Health Act, relational security and safeguarding of vulnerable adults training. We noted that further mandatory refresher training was planned.
- There was little evidence of the provider's strategy, vision and values on the ward areas.

Summary of findings

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

Are services safe?

The service provided at Beech House was safe because:

Patients told us that they generally felt safe in the hospital. Staff were responsive if individual concerns were identified.

Staff knew how to safeguard people who used the service from harm. Staff received training in the management of violence and aggression. We found that restraint was used safely and seclusion only used as a last resort.

Staff reported any incidents/accidents and there was a system in place for reviewing and learning from them to prevent a reoccurrence.

Risk assessments and management plans were available for people and the environment to keep them and others safe. Systems were in place to ensure adequate staffing and skill mix through the use of agency staff and on-going staff recruitment.

But we also found:

- A 25% shortfall in the number of qualified staff and 10% in the number of care workers against the hospital's own staffing establishment.
- Patients were secluded off the main wards and we had concerns about the transit of individuals from the wards into the seclusion room.
- Concerns were identified regarding the safe disposal of stock medication relating to the secure storage of these medicines in the waste bins provided.

Are services effective?

The service provided at Beech House was effective because:

Patients had comprehensive multi-disciplinary assessments and updated care plans in place. Staff had identified people's physical health care needs. Care plans were in place to support these.

New staff had a three week induction programme prior to working in the hospital. Different professions worked effectively to assess and plan care and treatment programmes for patients.

Mental Health Act records were well kept and any identified concerns were promptly addressed by the provider.

But we also found:

Summary of findings

- Shortfalls in the attendance of staff at mandatory 'refresher' training opportunities. For example training in the Mental Health Act, relational security and safeguarding of vulnerable adults training. A training schedule was in place to address this.
- There was a vacancy for a psychologist. This meant that patients did not receive full consistent psychological input.

Are services caring?

The service provided at Beech House was caring because:

Patients told us that staff were approachable and they gave them appropriate care and support. We found that patients were treated with dignity and respect.

Staff explained to us how they delivered care to individuals. This demonstrated that they had a good understanding of the needs of patients in the hospital.

The provider had robust systems to encourage patient engagement in the running of the service.

Relatives felt involved in the care and treatment being provided for their relative. Advocates were available on the ward and there was information available throughout the hospital about access to advocacy services.

Are services responsive to people's needs?

The service provided at Beech House was responsive because:

Patients had transitional plans to move to less restrictive care settings and discharge plans where appropriate. Robust multi agency public protection arrangements (MAPPA) were in place where relevant.

Beech House had a pro-active and supportive occupational therapy education department (OTED). There was good provision of patient centred activities which received positive feedback.

Patients were encouraged to use the 'voice your choice' system to give individual feedback and requests through a formal feedback system.

Patients had access to a pro-active advocacy service. Examples were seen of advocacy support during clinical reviews and at care programme approach (CPA) meetings.

But we also found:

- Gaps in the analysis of a few concern and complaint outcomes.

Summary of findings

Are services well-led?

The service provided at Beech House was well led because:

Senior clinicians had access to governance systems that enabled them to monitor the quality of care provided. Monthly clinical governance meetings took place. The minutes showed us that these were comprehensive and any actions arising had been addressed.

The service had recently participated in a data gathering exercise for the quality network for forensic mental health services low secure network. The hospital was expecting a quality network visit in January 2015.

But we also found:

- Only 57% of staff had received a current annual appraisal.
- The provider's strategy, visions and values were not embedded within the hospital.

Summary of findings

Background to the service

Beech House is an independent, purpose built hospital providing care and treatment in a low secure setting for people with a mental health need and a learning disability. It is located near the town of Newmarket in Suffolk.

The service has 37 beds divided into five units, with four units currently occupied.

The units are:

- Burwell Ward : 7 beds providing low secure care for male patients
- Chippenham Ward : 8 beds providing low secure care for male patients
- Denham Ward : 7 beds providing low secure care for male patients

- Exning Ward : 8 beds providing low secure care for male patients

During the inspection there were 26 patients in the hospital and they were all currently detained under the Mental Health Act. Some patients were subject to additional restrictions by the Ministry of Justice.

The location has been inspected on six occasions since initial registration with the Care Quality Commission in June 2011.

In July 2013, Outcomes 9 and 13 were judged non-compliant (with minor impact). It is currently compliant, following a desk based follow up review in March 2014.

Our inspection team

Our inspection team was led by:

Inspection manager: **Peter Johnson interim hospital inspection manager CQC**

The team that inspected this location were a CQC hospital inspection manager, two Mental Health Act

reviewers, one CQC inspector, one specialist senior registered mental nurse advisor, and an expert by experience who had experience of using mental health services.

Why we carried out this inspection

We inspected this core service as part of our ongoing comprehensive mental health inspection programme.

How we carried out this inspection

To get to the heart of people who use services' experience of care, 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 visiting this location, we reviewed information which was sent to us by the provider and considered feedback from relevant local stakeholders including advocacy services.

During the inspection visit the inspection team:

- Visited all four wards and looked at the quality of the ward environment and observed how staff were caring for patients.
- Spoke with 18 patients.
- Spoke with senior nurse leaders on each ward.

Summary of findings

- Spoke with 39 other staff. This included four senior hospital managers, the lead Mental Health Act administrator, 19 front line staff, support staff and three psychiatrists including the lead responsible clinician (RC) for the location.
- Observed three ward based community meetings and attended a morning planning meeting.
- Held three focus groups for staff with different roles in the service.
- Spoke to four family carers by telephone.
- Attended a patient council meeting and three clinical reviews with the permission of patients and staff.

We also:

- Reviewed 10 comment cards which provided feedback from patients.
- Reviewed in detail 16 individual assessment and treatment records and all relevant prescription charts.
- Examined in detail the legal records in relation to people's detention under the Mental Health Act 1983.
- Looked at a range of policies, procedures and other records relating to the running of this service.

The team would like to thank all those who met and spoke to the inspection team during the inspection and were open and balanced with the sharing of their experiences and their perceptions of the quality of care and treatment at this location.

What people who use the provider's services say

During the inspection the inspection team

- Spoke with patients at community meetings.
- Attended a monthly patient council meeting.
- Met with 18 patients.
- Reviewed 10 comment cards.
- Met with the lead advocate for the service.
- Reviewed the provider's quality monitoring systems such as patient surveys.

Patients told us that they generally felt safe on the wards and received good care. Three patients were concerned about the impact of other patients' challenging behaviours upon themselves. Most patients felt involved in their care and that staff listened to them.

Most patients told us that activities that they enjoyed were offered. Whilst others told us that they wanted a wider range of activities provided. Patients told us that the food provided was good. Food was prepared on site and a menu choice was provided. Patients were encouraged to give feedback on the quality of each meal by the use of 'comment cards'.

Good practice

- The provider had a pro-active advocacy service which was patient focused.
- The provider had robust systems in place to encourage patients to engage with the running of the hospital.
- Positive examples were seen of patient activity provision by a pro-active and patient centred occupational therapy and education department.

Areas for improvement

Action the provider **MUST** or **SHOULD** take to improve

Action the provider **SHOULD** take to improve

- The provider should review the effectiveness of their current staff recruitment and retention policy and procedures.
- The provider should ensure that the privacy and dignity of patients is maintained when accessing the seclusion room.
- The provider should ensure the safe disposal of stock medication.
- The provider should ensure that all staff attend their mandatory refresher training.

Summary of findings

- The provider should ensure that patients receive their required psychological input.
- The provider should ensure that all staff receive an annual appraisal.
- The provider should ensure that its strategy, vision and values are embedded within the hospital.

Four Seasons (Granby One) Limited

Forensic inpatient/secure wards

Detailed findings

Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
Chippenham, Burwell, Denham and Exning wards.	Beech House

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.

Records relating to the Act were well kept and any concerns identified were shared with and addressed by front line staff during our inspection.

Staff at this location were aware of their duties under the Mental Health Act (1983). They had received the relevant mandatory training. However a number of staff had not received their refresher training for this year. A training schedule was in place to address this concern.

Mental Capacity Act and Deprivation of Liberty Safeguards

All of the people who used the services at this location were currently detained under the 1983 Mental Health Act. We saw that people's mental capacity to consent to their care and treatment had been assessed.

capacity to consent to their care and treatment, decisions were made in their best interests. Most staff spoken with demonstrated an awareness of the Act. However a number of staff had not received their refresher training for this year. A training schedule was in place to address this shortfall.

The assessment and treatment records showed us that where people had been assessed as not having the mental

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

Summary of findings

The service provided at Beech House was safe because:

Patients told us that they usually felt safe in the hospital. Staff were responsive if individual concerns were identified.

Staff knew how to safeguard people who used the service from harm. Staff received training in the management of violence and aggression. We found that restraint was used safely and seclusion only used as a last resort.

Staff reported any incidents/accidents and there was a system in place for reviewing and learning from them to prevent a reoccurrence.

Risk assessments and management plans were available for people and the environment to keep them and others safe. Systems were in place to ensure adequate staffing and skill mix through the use of agency staff and on-going staff recruitment.

But we also found:

- A 25% shortfall in the number of qualified staff and 10% in the number of care workers against the hospital's own staffing establishment.
- Patients were secluded off the main wards and we had concerns about the transit of individuals from the wards into the seclusion room.
- Concerns were identified regarding the safe disposal of stock medication relating to the secure storage of these medicines in the waste bins provided.

- We saw a ligature audit risk assessment of the hospital dated November 2014. Any areas of concern had been identified and was being addressed by the provider.
- A secure airlock was in place to enhance security.
- Patients had alarms in their rooms.
- All of the wards were clean and well maintained.
- Patients told us that the wards were kept clean.
- Staff told us that maintenance requests were promptly addressed where ever possible.
- Emergency equipment was in place and checked regularly to ensure that it was fit for purpose and could be used in an emergency.
- Alarms were available throughout the service and staff also had access to radios when escorting patients off the ward areas.

Safe staffing

- We reviewed the current and previous staff rotas and these showed us that there were enough staff on duty to meet the needs of the patients in this service.
- Evidence was seen that additional staff were used when the needs of patients required this.
- We noted a 25% shortfall in the number of qualified staff and 10% in the number of care workers against the hospital's own staffing establishment.
- We noted that where gaps had been identified within the duty rotas this was being covered by the use of bank and agency staff.
- Ward based staff told us that they were able to book additional staff directly in order to maintain standards of quality and safety.
- Managers informed us that they provided additional support through an 'on call' system and worked ward based shifts if needed. This was supported by those duty rotas reviewed.
- Senior managers confirmed that an active recruitment programme was under way. This was supported by the evidence seen in the local press and on the provider's web site.
- Twelve members of staff had recently been recruited and were due to start their induction programme.
- One staff nurse and four support workers had recently completed their three week induction programme.
- We saw that staff unfamiliar to the service received an induction to the hospital.

Our findings

Safe and clean ward environment

- The ward layout enabled staff to observe patients effectively.
- Relational security arrangements were in place when patients were upstairs.

Are services safe?

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

Assessing and managing risks to patients and staff

- The majority of patients felt safe on their ward and told us that staff reacted promptly to any identified concerns.
- Three patients expressed concerns about the impact of other patients' challenging behaviours. However, we saw evidence that these incidents were being managed effectively by the provider. For example by the use of enhanced observation levels supported by additional staff.
- Each patient had an individualised risk assessment and these had been reviewed by the multi-disciplinary team.
- Risk assessments took into account historic risks and identified where additional support was required.
- Patients were risk assessed according to what they could keep in their rooms. There was a list of restricted items that could not be brought onto the unit.
- The provider used the historical current risk (HCR 20) and short term assessment of risk and treatability (START) assessment tools as part of their initial and on going assessment of risk.
- Risk assessments had been updated to reflect assessed changes in clinical need.
- Hand overs were comprehensive and included updates on potential risk factors.
- Staff had received safeguarding vulnerable adults training. We found that 67% of care staff and 81% of nursing staff had attended their annual refresher training.
- Staff were aware of their individual responsibility in identifying any individual safeguarding concerns and reporting these promptly. They knew who the hospital's safeguarding lead was.
- Safeguarding was discussed at the hospital's morning clinical leads meeting and potential concerns addressed
- 75% of staff had received their annual refresher training on the use of restraint and seclusion records were well maintained.
- Only 50% of nursing staff had received their annual refresher training on relational security. We saw that further training had been booked in December 2014.

- Use of restraint was closely monitored and audited by the psychologist.
- Post incident debriefing was available for patients and staff and we saw examples of these.
- Patients were secluded off the main wards and we had concerns about the transit of individuals from the wards across a communal garden into the seclusion room.
- Medication administration records (MAR) charts were well completed with reasons for any non-administration clearly recorded.
- Regular audits were being carried out and the provider had taken action to address any identified concerns.
- Medicines were well managed apart from the safe disposal of some stock medication.
- Concerns were identified regarding the safe disposal of stock medication relating to the secure storage of these medicines in the waste bins provided.

Track record on safety

- In the last year there had been no serious untoward incidents within this service.

Reporting incidents and learning from when things go wrong

- Staff knew how to report any incidents on the provider's electronic reporting system.
- Senior staff were aware of incidents and these had been discussed at the morning catch up meeting.
- Actions identified from incident reviews had been effectively followed up.
- Most staff told us that they received feedback about the outcome of incidents that had happened.
- Evidence was seen that other incidents had been investigated appropriately and any lessons learnt had been shared with the provider's corporate governance structure.
- The provider had reported any notifiable incidents appropriately to the Care Quality Commission.

Are services effective?

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.

Summary of findings

The service provided at Beech House was effective because:

Patients had comprehensive multi-disciplinary assessments and updated care plans in place. Staff had identified concerns with physical health care needs and care plans were in place to support these.

New staff had a three week induction programme prior to working in the hospital. Different professions worked effectively to assess and plan care and treatment programmes for patients.

Mental Health Act records were well kept and any identified concerns were promptly addressed by the provider.

But we also found:

- Shortfalls in the attendance of staff at mandatory 'refresher' training opportunities. For example at Mental Health Act, relational security and safeguarding of vulnerable adults training. A training schedule was in place to address this.
- There was a vacancy for a psychologist. This meant that patients did not receive full consistent psychological input.

- Recovery self-assessment tools such as Recovery Star and My Shared Pathway were used where patients could rate their progress.
- Example were seen of patients attending specific psychological therapy groups linked to their historic and current risk profile.
- NICE guidance was followed when prescribing medication for individual patients.
- The provider had a service level agreement in place with a pharmacy company for the supply of medicines.
- Regular medication audits were being carried out and the provider had taken action to address any identified concerns.
- Regular physical healthcare and dental check-ups had been carried out and we noted that where concerns had been identified these were being addressed.
- The hospital had access to the corporate speech and language therapist (SALT) for advice and guidance to assist patients with communication difficulties.
- Ward based audits took place. However a number of these required completion to fully evidence actions taken.

Skilled staff to deliver care

- There were shortfalls in the attendance of staff at mandatory 'refresher' training opportunities. For example at training in the Mental Health Act, relational security and safeguarding of vulnerable adults. A training schedule was in place to address this.
- New staff had a three week induction programme prior to working in the hospital.
- Checks were in place to ensure that any agency staff used had received the required training prior to being booked to work shifts in the hospital.
- Regular team meetings took place and staff told us that they felt supported by colleagues and managers.

Multi-disciplinary and intra-agency team work

- There was a vacancy for a psychologist. This vacancy was being covered from other hospitals managed by the provider. This meant that patients did not receive consistent psychological input.
- We attended three clinical reviews and saw that effective multi-disciplinary team work was taking place.
- Different professions worked effectively to assess and plan care and treatment programmes for patients.

Our findings

Assessment of needs and planning of care

- Patients had comprehensive multi-disciplinary assessments in place.
- Patients had care plans and personal support plans that were comprehensive and up to date.
- Any identified concerns with physical health had been identified and health action plans and care plans were in place to support these.

Best practice in treatment and care

- Assessments took place using the Health of the Nation Outcome Scales (HoNOS) HCR 20 and START risk assessments. These identified historical and current risks.

Are services effective?

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.

- Enhanced care programme approach (CPA) meetings were scheduled six monthly and attendance was encouraged by all involved in the patient's care and treatment.
- Staff reported positive links with a local police liaison officer who would visit to meet patients or staff if required.
- A 'transforming care review' led by a NHS England panel was taking place for individual patients during our inspection. This panel did not identify any specific concerns about the care and treatment being provided by the hospital.

Adherence to the MHA and MHA code of practice

- Staff told us that they had received training on the Mental Health Act and the code of practice. However, a number of staff had not received their refresher training for 2014/2015. A training schedule was in place to address this concern.
- Mental Health Act records were well kept and any identified concerns were promptly addressed by the provider.

- The provider had clear procedures in place regarding their use and implementation of the Mental Health Act and the code of practice.
- Information regarding detention under the Act was available on all the wards.
- The records showed that patients had been informed of their rights of appeal against their detention.
- Independent advocacy services were available and most patients told us they were aware of their rights.

Good practice in applying the MCA

- Staff told us that they had received training on the Mental Capacity Act. However, some staff had not received their refresher training for 2014/2015. A training schedule was in place to address this shortfall.
- We saw that the provider had systems in place to assess and record people's mental capacity to make decisions and had developed care plans for this where applicable.
- Most staff demonstrated awareness of the Act.

Are services caring?

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

Summary of findings

The service provided at Beech House was caring because:

Patients told us that staff were approachable and they gave them appropriate care and support. We found that patients were treated with dignity and respect.

Staff explained to us how they delivered care to individuals. This demonstrated that they had a good understanding of the needs of patients in the hospital.

The provider had robust systems to encourage patient engagement in the running of the service.

Relatives felt involved in the care and treatment being provided for their relative. Advocates were available on the ward and there was information available in the ward about access to advocacy services.

- Patients were able to raise concerns and comments during this meeting. However, it was not clear as to how any concerns raised were being addressed or escalated appropriately.
- Monthly patient council meetings were held and attended by senior hospital managers.
- Actions arising were recorded and reported back on at the next meeting.
- Patients were involved in the interviewing of new staff.
- Patients were being recruited to take place in the upcoming patient led assessment of the care environment (PLACE) inspection programme.
- Patients were involved in the induction programme for new staff.
- Patients had been involved in developing with staff, 'a working and living together agreement'.
- Patients received copies of their care plans and individualised health action plans if they wished and this was recorded in their care notes.
- Patients told us that if they had any questions about their medication staff would answer these wherever possible.
- One patient was a representative at the East of England Strategic Health Authority's recovery and outcomes group.
- Relatives told us that they felt involved in the care and treatment being provided for their relative.
- Open days for carers and relatives had taken place, giving them opportunities to visit the hospital and meet staff.
- Advocates were available in the hospital and there was information available on each ward about access to advocacy services.
- The provider had produced a 'welcome pack' for patients who were admitted to help orientate them to the hospital.

Our findings

Kindness dignity respect and support

- Most patients were positive about the support which they received on the ward.
- We saw good examples of positive staff and patient interaction and individual support.
- Staff treated patients with kindness and respect and patients confirmed this.
- Staff explained to us how they delivered care to individuals. This demonstrated that they had a good understanding of the needs of patients in the hospital.

The involvement of people in the care they receive

- Daily community meetings took place on each ward. These were chaired by a patient.

Are services responsive to people's needs?

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

Summary of findings

The service provided at Beech House was responsive because:

Patients had transitional plans to move to less restrictive care settings and discharge plans where appropriate. Robust multi agency public protection arrangements (MAPPA) were in place where relevant.

Beech House had a pro-active and supportive occupational therapy education department (OTED). There was good provision of patient centred activities which received positive feedback.

Patients were encouraged to use the 'voice your choice' system to give individual feedback and requests through a formal feedback system.

Patients had access to a pro-active advocacy service. Examples were seen of advocacy support during clinical reviews and at care programme approach (CPA) meetings.

But we also found:

- Gaps in the analysis of a few concern and complaint outcomes.

The ward optimises recovery comfort and dignity

- Access to Mental Health Act section 17 leave was audited monthly. Incidents of cancelled leave had decreased within the last three months.
- Clear arrangements were in place to facilitate visits to the hospital and these included visits by families.
- Patients had access to an enclosed garden and this included a smoking shelter.
- One ward had a garden which opened onto the courtyard which was enclosed.
- Beech House had a pro-active and supportive occupational therapy education department (OTED) which received positive feedback.
- Each patient had a weekly activity plan.
- Activities that staff provided included information technology sessions, gym activities, shopping, gardening, woodwork and educational sessions. Staff completed forms to monitor people's engagement.
- Staff sometimes cancelled community activities at weekends due to staffing issues. Other in-house activities were provided to ensure patients were engaged in meaningful therapy.
- Some patients had access to voluntary work in the community supported by staff.
- People could be supported to gain bus passes to use local public transport.
- Patients had access to national events and activities such as the Koestler art awards MacMillan coffee mornings and Sport Relief.
- Patients were supported to attend doctor, dental and other health appointments when needed.
- Dental hygiene representatives attended the patient council meeting to give dietary and teeth brushing guidance.

Meeting the needs of all the people who use the service

- Child visits did not take place on site but in the community.
- Patients told us that the food provided was good. Food was prepared on site and people could choose from a menu.
- Access to ward kitchens was risk assessed due the risks people could pose to themselves or others.

Our findings

Access discharge and bed management

- The service had received four recent referrals and these had been discussed by the multi-disciplinary care team prior to a formal assessment at the place of referral.
- Patients were admitted to this service from different parts of the country. We saw that the provider had made efforts to ensure that family contact was maintained where appropriate through the use of Skype etc.
- The hospital had a social work lead and they liaised closely with patients' families and allocated care coordinators and social workers from their home area.
- We found that patients had transitional plans to move to less restrictive care settings and discharge plans where appropriate.
- Robust multi agency public protection arrangements (MAPPA) were in place.
- Clinicians had received MAPPA awareness training.

Are services responsive to people's needs?

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

- Patients' diverse needs such as religion and ethnicity was recorded and we saw these were being met for example through religious specific diets and access to religious services.
 - An occupational therapist provided an anti-slip mat to support a patient to maintain independence with eating.
 - A sensory room was available for patients to stimulate and relax senses.
 - There was information available throughout the service for patients and this included information about rights under the Mental Health Act 1983.
 - Patients had access to a pro-active advocacy service.
 - Examples were seen of advocacy support during clinical reviews and at care programme approach (CPA) meetings.
 - Information was displayed on the ward for patients to report any 'concerns, complaints, compliments' and there were systems for them to be investigated and complainants to be given a response.
 - There were additional systems for patients to raise issues at community meetings.
 - Patients were encouraged to use the 'voice your choice' system to give individual feedback and requests through a formal feedback system.
 - We observed that patients felt able to raise with staff a problem about fresh fruit provision on their ward and that staff responded appropriately.
 - Information about complaints were reviewed at the morning clinical leads meeting.
 - Feedback was given to patients and staff on any that were upheld and to minimise any reoccurrence.
 - There were gaps in the analysis of a few concern and complaint outcomes.
- Listening and learning from concerns and complaints**

Are services well-led?

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.

Summary of findings

The service provided at Beech House was well led because:

Senior clinicians had access to governance systems that enabled them to monitor the quality of care provided. Monthly clinical governance meetings took place. The minutes showed us that these were comprehensive and any actions arising had been addressed.

The service had recently participated in a data gathering exercise for the quality network for forensic mental health services low secure network. The hospital was expecting a quality network visit in January 2015.

But we also found:

- Only 57% of staff had received a current annual appraisal.
- The provider's strategy, visions and values were not embedded within the hospital.

Our findings

Vision and values

- There was little evidence of the provider's strategy, vision and values on the ward areas.
- Staff were aware of the hospital's local vision and values.
- A number of staff raised concerns with recent changes introduced by the provider to standardise working conditions throughout the company.
- The hospital manager and other senior clinicians were highly visible to front line staff and patients.

Good governance

- Senior clinicians had access to governance systems that enabled them to monitor the quality of care provided. This included the provider's electronic incident reporting system, corporate and ward based audits and electronic staff training record.
- Monthly clinical governance meetings took place. The minutes showed us that these were comprehensive and any actions arising had been addressed.
- Staff told us ward team meetings had not been taking place but were being scheduled to ensure further learning opportunities for staff.

- Team brief documents were circulated for staff to read and signed when completed.
- Staff confirmed that they received emails from the provider giving updates on corporate developments.
- There were staff resources to deliver and monitor staff training on and off site and via 'e learning'.
- Staff received appraisals although we noted that the current appraisal rate was 57%.
- Staff received regular supervision.
- The hospital could compare their performance against other hospitals within the company.

Leadership morale and staff engagement

- We heard mixed feedback from staff about the level of support given by the provider. Some staff told us that morale was variable, whereas others reported positive morale.
- Staff reported good peer support.
- There had been a recent change to the lead nurse roles and management of wards. Staff told us that their line manager was supportive and provided clear guidance.
- The provider had a human resources department and referred staff to occupational health services where applicable.
- Whilst there were challenges with recruitment and retention of staff for the hospital Evidence was seen that the provider was taking action to pro-actively recruit and retain staff. This included reviewing the reward package for experienced registered nurses
- Systems were in place to gain patients' views such as provider's 'voice your choice'.
- Good evidence was seen of the involvement of patients in the running of the hospital.
- Daily clinical leads meetings were held in the morning to review any issues within the hospital.
- Senior staff were visible in the service and examples were seen of staff approaching them to raise concerns.
- The provider had a system for facilitating staff to raise any concerns confidentially.

Commitment to quality improvement and innovation

- Key performance indicators were discussed at the hospital's monthly clinical governance meeting, for example, safeguarding, incidents and complaints.
- Periodic service reviews had taken place on wards to monitor the quality of the service with actions identified as relevant.

Are services well-led?

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.

- Senior staff carried out unannounced visits to the service in order to monitor the quality of services provided.
- The hospital had recently participated in a data gathering exercise for the quality network for forensic mental health services low secure network. The hospital was expecting a quality network visit in January 2015.
- Senior staff from this hospital worked collaboratively with other similar hospitals run by the provider. This enabled best practice to be shared.