

South Essex Partnership University NHS Foundation
TrustForensic 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)
RWLNK9	Brockfield House	Alpine, Aurora, Causeway, Dune, Forest, Fuji and Lagoon	SS11 7FE
RWNM2	Robin Pinto Unit	Robin Pinto	LU4 0FB
RWNL7	Wood Lea Clinic	Wood Lea Clinic	MK43 8HJ

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

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

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

Summary of findings

Ratings

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

Overall rating for the service

Good



Are services safe?

Requires improvement



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 units as **good** overall because:

- Generally services were delivered from modern, well designed and pleasant environments to live and work in.
- Nursing staff on the wards were very enthusiastic in their approach and patients spoke positively about them.
- Staffing levels were good although vacancies could be high meaning use of temporary staff.
- Patients were treated by a full multi-disciplinary team and patients had access to therapy, activities and good facilities.
- All admissions were planned following pre admission assessments and local risk assessments were carried out post admission.
- All patients had their physical healthcare needs met.

- Patients knew how to complain and were involved in the development of the service.
- The leadership on the wards was highly visible and had a positive presence on the ward.
- Each team had a full multi-disciplinary team in place.

However:

- Seclusion and segregation was not always recorded and managed in line with the safeguards set out in the Mental Health Act code of practice.
- Although local risk assessment tools were completed the Historical Clinical Risk management -20 (HCR-20) was not completed and reviewed in line with good practice.
- At times there could be a lack of attendance of junior doctors at Brockfield House.
- Restraint, particularly prone restraint was high on Fuji ward.

Summary of findings

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

Are services safe?

We rated safe as requires improvement because:

- Generally staff managed aggressive behaviour well but seclusion practice was not always recognised and recorded appropriately in line with the MHA Code of Practice.
- Restraint, particularly prone restraint was high on Fuji ward.
- Wood Lea clinic did not have out of hours' medical cover aside from calling the regular medical team on an ad hoc basis. Due to the size of the trust, duty doctors' attendance at Brockfield House could be problematic.
- On Fuji ward blanket restrictions were evident in relation to patients gaining access to bedrooms and the garden.

However:

- Generally services were delivered from well designed, clean and maintained environments. Brockfield House and Wood Lea allowed good observation of patients. Ligature points where present had been risk assessed and managed.
- All wards were compliant with single sex accommodation guidelines.
- There were sufficient nursing and support staff to meet patient's needs.
- Staff including agency staff had received mandatory training.
- Medicines management was appropriate and clinics were appropriately equipped.
- Staff were aware of how to report incidents and safeguarding concerns and felt supported when they did.
- Clinical risk assessments were in place and reviewed appropriately. However, the trust did not routinely use specialised risk assessment tools for secure services.

Requires improvement



Are services effective?

We rated effective as good for because:

- All admissions were planned following assessment and local risk assessments were carried out post admission.
- Care plans were in place and reflected individuals' needs.
- There was a good health care recording system that all staff including the visiting general practitioner could access within Brockfield House. All patients had physical healthcare needs met.

Good



Summary of findings

- Every ward had access to a full multi-disciplinary team (MDT) incorporating doctors, nurses, psychologists, social workers and occupational therapists. There was access to therapy and treatment provided by the MDT.
- Medication was prescribed in line with NICE and other relevant guidelines.
- Psychological therapy was available and nursing staff at Brockfield had been trained in dialectical behavioural therapy.
- Staff received training and supervision.
- All areas inspected had access to advocacy services.

However:

- At Robin Pinto access to GPs was provided for local patients only. There was no provision for out of area patients.
- The electronic note system was very difficult to negotiate and staff struggled to find documentation. We observed a 45 minute search to find a medical report for a patient's care programme meeting at Wood Lea clinic.
- HoNOS (Health of the Nation Outcome Scales) was not updated regularly.

Are services caring?

We rated caring as good for because:

- Staff on the wards displayed positive attitudes towards the patient group and care was individualised. This was confirmed by patients across the forensic service who spoke positively about the staff.
- Patients when admitted were orientated to the ward and the service and were encouraged to participate in their individual treatment process.
- At Brockfield House ex-service users participated in staff interview panels including those for consultant psychiatrists.

Good



Are services responsive to people's needs?

We rated responsive as good for because:

- There was a weekly referral meeting across the forensic service to fully consider admissions.
- Any patient moves within the service were planned and based on individual clinical need.
- All areas had quiet rooms and room to meet visitors or have private meetings with clinical staff.
- Information leaflets in a variety of languages could be accessed.
- There was a process for patients to complain about the service. Most complaints had been upheld.

Good



Summary of findings

- All wards had access to outside space.

However:

- Patient phones at Brockfield House and Robin Pinto unit were situated in busy parts of the ward where phone calls could be overheard. This also added to the general noise levels of the wards.
- Generally patients reported that the food was of poor quality.

Are services well-led?

We rated well-led as good because:

- Staff were aware of the trust's vision and values.
- Management including senior leadership was visible across the service.
- Team working was evident across the wards and staff felt supported by their immediate managers.
- Generally staff were aware of issues at other units and were engaged in governance.
- Service users were engaged in the development of the service.
- The physical healthcare database was shortlisted for an award by the Health Service Journal.

However:

- Wood Lea clinic was an isolated unit with poor governance procedures.
- Sickness and absence rates varied across services however they were generally high with five wards having sickness rates between 11% and 15%.
- There was a high percentage of vacancies with the highest being Aurora ward at 43%.
- There was a high use of bank shifts across the service in particular in the Robin Pinto unit.

Good



Summary of findings

Information about the service

Brockfield House is a purpose built secure unit that incorporates five medium secure and two low secure wards. Brockfield House admits both men and women under the care of six consultant psychiatrists. The wards are:

- Alpine, a medium secure unit for men
- Aurora, a medium secure unit for men and women
- Forest, a medium secure unit for men
- Lagoon, a medium secure unit for men
- Fuji, a medium secure unit for women
- Causeway, a low secure unit for women
- Dune, a low secure unit for men

Robin Pinto unit and Wood lea Clinic are low secure units for men.

At the time of the inspection Brockfield House had 98 beds, Robin Pinto Unit had 16 beds and Wood Lea Clinic had 10 beds.

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

Wood Lea Clinic provides assessment and therapeutic treatment for adults with learning disability issues who require interventions within a safe and secure environment.

Brockfield House is based at Runwell, Essex, Robin Pinto Unit is based at Luton, Bedfordshire and Wood lea Clinic is based outside Bedford, Bedfordshire.

Since 2010 there have been 22 inspections across 11 locations registered to South Essex Partnership University NHS Foundation Trust.

Brockfield House has been inspected on three occasions with seven unannounced Mental Health Act reviewer visits. Wood Lea Clinic has been inspected three times with one unannounced Mental Health Act reviewer visit. Robin Pinto Unit had been inspected once and had received three Mental Health Act reviewer visits.

Following previous inspections the three locations where forensic and secure services are operated from were found compliant with regulations.

Our inspection team

Our inspection team was led by:

Chair: Karen Dowman, Chief Executive Officer, Black Country Partnership NHS Foundation Trust.

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

Inspection Manager: Lyn Critchley, Inspection Manager (mental health) Hospitals, CQC

The team that inspected the forensic inpatient/secure wards consisted of a CQC inspection manager, CQC inspector, a psychiatrist, a nurse, a Mental Health Act

reviewer and social worker all of whom had recent mental health service experience and an expert by experience who had experience of using mental health services.

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

Why we carried out this inspection

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

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 and sought feedback from patients at three focus groups.

During the inspection visit, the inspection team:

- visited all nine of the wards at three sites and looked at the quality of the ward environment and observed how staff were caring for patients
- spoke with 41 patients who were using the service

- collected feedback from patients using comments cards
- spoke with the managers or acting managers for each of the wards
- spoke with 31 other staff members; including doctors, nurses and social workers
- interviewed the divisional director with responsibility for these services
- interviewed the clinical director
- held a focus group with four out of five consultant psychiatrists
- attended and observed three hand-over meetings and three multi-disciplinary meetings
- looked at 41 treatment records of patients
- carried out a specific check of the medication management on all wards
- looked at a range of policies, procedures and other documents relating to the running of the service.

What people who use the provider's services say

We spoke with 41 people who used the service and one carer.

- There was positive feedback from people who used the services and the carer. They spoke positively about the staff on the wards.

- People said they felt involved in their care planning and treatment and this was documented in the care record.

Good practice

- The cultivating recovery and opportunities (CROP) programme encouraged and enabled patients to grow fruit and vegetables to consume in the unit at Brockfield House.
- Brockfield House provided support to access employment and further education for patients moving on from secure services.
- Ex-patients were used in the recruitment process of all staff.

Areas for improvement

Action the provider MUST take to improve
Action the provider MUST take to improve

- The trust must review the use of seclusion and segregation within the forensic service and ensure that this meets the safeguards set out in the MHA Code of Practice.

Summary of findings

- The trust must take action to reduce restrictive interventions particularly on Fuji ward where numbers of prone restraints was high.

Action the provider SHOULD take to improve **Action the trust SHOULD take to improve**

- The trust should review its training requirements regarding the Mental Capacity Act and consent to treatment.
- The trust should review staff use and training for the electronic patient record to ensure it meets the needs for this core service.
- The trust should consider the positioning of patients telephones at Brockfield House and Robin Pinto unit.
- The trust should review the blanket practice of preventing access to bedrooms at Fuji ward.
- The trust should review and improve the quality of food within some units.

South Essex Partnership University NHS Foundation Trust

Forensic inpatient/secure wards

Detailed findings

Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
Alpine, Aurora, Causeway, Dune, Forest, Fuji and Lagoon	Brockfield House
Robin Pinto Unit	Robin Pinto Unit
Wood Lea Clinic	The Glades

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.

- Patients had their rights read to them at admission and throughout their detention.
- Detention paper work was completed correctly. There was administrative support to ensure paperwork was up to date and held appropriately. However, it was sometimes difficult to locate legal paperwork within the Mobius electronic note system.
- Prescribing was within British National Formulary limits and consent to treatment forms reflected the same. However the consent to treatment forms and associated patient progress notes did not fully indicate what in detail had been explained to the patient. This was across the forensic service but was a particular issue at Wood Lea Clinic.
- All areas inspected had access to an independent mental health advocate (IMHA) and wider advocacy services. Information about advocacy services was readily available.

Detailed findings

Mental Capacity Act and Deprivation of Liberty Safeguards

- Mental capacity training was not mandatory within the forensic inpatient service. Knowledge was very poor across staff interviewed. The view was that assessment of capacity was left to the lead clinician.
- Staff on the wards were however aware of the Mental Capacity Act definition of restraint.
- Brockfield House and Robin Pinto Unit records highlighted that decisions on capacity were taken on an

individual basis. Wood Lea's records were very brief and did not state what was said to the patient and whether the patient clearly understood what they were consenting to. As this service provided assessment and treatment for patients with a learning disability this was concerning.

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

We rated safe as requires improvement because:

- Generally staff managed aggressive behaviour well but seclusion practice was not always recognised and recorded appropriately in line with the MHA Code of Practice.
- Restraint, particularly prone restraint was high on Fuji ward.
- Wood Lea clinic did not have out of hours' medical cover aside from calling the regular medical team on an ad hoc basis. Due to the size of the trust, duty doctors' attendance at Brockfield House could be problematic.
- On Fuji ward blanket restrictions were evident in relation to patients gaining access to bedrooms and the garden.

However:

- Generally services were delivered from well designed, clean and maintained environments. Brockfield House and Wood Lea allowed good observation of patients. Ligature points where present had been risk assessed and managed.
- All wards were compliant with single sex accommodation guidelines.
- There were sufficient nursing and support staff to meet patient's needs.
- Staff including agency staff had received mandatory training.
- Medicines management was appropriate and clinics were appropriately equipped.
- Staff were aware of how to report incidents and safeguarding concerns and felt supported when they did.
- Clinical risk assessments were in place and reviewed appropriately. However, the trust did not routinely use specialised risk assessment tools for secure services.

Our findings

Safe and clean environment

- Environmental risk assessments were in place for all wards. These were reviewed regularly apart from at the Wood Lea Clinic.
- At most wards, where ligature risks were present, there was an up to date risk assessment with clear actions to mitigate the risk. However, at Forest ward a ligature risk was highlighted on the visit that had not previously been noted. The charge nurse took immediate appropriate action to manage the risk and added it to the risk register.
- Brockfield House and Wood Lea were well-designed units that had good observation in all wards. However, the Robin Pinto Unit had not been purpose built and the design meant staff needed to manage areas where there was not clear observation.
- At Robin Pinto, seclusion facilities did not allow two-way communication and the sink within the toilet facilities was of poor design making it vulnerable to vandalism. In addition, a tissue dispenser was a potential ligature risk. Wood Lea clinic had no seclusion facilities.
- All the wards were clean and well maintained with appropriate furnishing at Brockfield House and the Wood Lea clinic. However, the decoration at Fuji ward looked worn and the toilet facilities at Robin Pinto Unit were dirty and worn.
- Most wards were designated as single sex. There was only one mixed sex ward, Aurora, which met guidance on delivering single sex accommodation. The planning and management of that ward in terms of mixed sex accommodation was of a high standard.
- The clinic rooms were fully accessible to staff on the ward and had all the relevant equipment including resuscitation equipment, which had been checked in accordance to local policy.
- All clinical staff who worked on the ward had a personal alarm.
- Alarm systems in patients' bedrooms were in place at Robin Pinto and Wood Lea.

Are services safe?

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

Safe staffing

- The secure services had set staffing levels in line with the safer staffing initiative. This was reviewed on a regular basis. All wards had met or increased staffing levels at the time of our visit. Ward managers were able to increase staffing levels when required.
- When temporary staff were used these were generally from the services own bank or were regular agency staff. This was because all staff had to receive specialist induction to gain access to keys. However, at some wards and particularly the Robin Pinto Unit the use of bank staff was very high. In this area they were struggling to recruit staff.
- We observed there to be enough staff on duty throughout our inspection. Nursing staff were observed to be on the ward interacting with patients. Patients told us that only very occasionally were activities, groups or one to one times cancelled.
- At Brockfield House we observed that there were enough staff to carry out physical interventions if required. Robin Pinto could rely on other wards nearby and had a local agreement with a neighbouring trust.
- At Wood Lea, four staff were on duty however staff expressed concerns that, due to their isolated setting, they would not be able to respond to difficult situations. In the event of an emergency requiring physical intervention staff said that the police would be called.
- Medical cover was available at all units during office hours. Out of hours, due to the size and location of services there were occasions when the junior doctors did not attend due to demands on their time. This was an issue at Brockfield House. Robin Pinto had good arrangements and was covered by junior doctors from a neighbouring trust. Wood Lea had no out of hours cover aside from calling their regular medical team on an ad hoc basis.
- At May 2015 over 90% of staff had completed mandatory 'refresher' training identified by the trust. Checks were in place to ensure that agency staff had received the required training prior to being booked to work shifts.
- However, the historical clinical risk management-20 tool (HCR-20) was rarely completed within six months of admission as required by NHS Commissioning Board Guidance. On Alpine ward (Brockfield House) only one out of eight patients had an up to date HCR-20 which was acknowledged by the responsible clinician. On Wood Lea, five out of ten patients did not have an up to date HCR-20. At Causeway and Fuji wards (Brockfield House) 10 patients out of 27 patients also did not have an up to date HCR-20.
- Most wards did not unnecessarily restrict patients. However at Fuji ward blanket restrictions were evident in relation to patients gaining access to bedrooms and the garden. Because of restricted bedroom access, at times all patients had access to just one toilet in the day area. Access to hot drinks on Fuji ward was restricted to one every hour. At Wood Lea unit there was a blanket ban on patients having access to videos rated 18.
- Policies were in place for the clinical observation of patients. The practice on Alpine ward of requesting that the nurse who was on level three observations (the highest level) to also observe patients on level two observations was questionable.
- Search policies were in place and adhered to at Brockfield House and Robin Pinto. However, there was little evidence of searching of patients and bedrooms at Wood Lea.
- Generally staff attempted de-escalation patients prior to attempting restraint. However, on Fuji ward, within Brockfield House, we found that staff frequently used restraint to remove patients from the immediate environment prior to any de-escalation attempt.
- There had been 265 episodes of restraint used within the forensic services in the previous 6 months. Of these 234 had occurred at Fuji Ward. 27% of these had resulted in prone restraint. Almost all prone restraints had been used for the purpose of administering rapid tranquilisation.
- We reviewed records of patients where there had been aggressive behaviour and found that rapid tranquilisation was prescribed appropriately and reviewed following incidents.
- Wood Lea did not have seclusion facilities and we did not find any practice that amounted to seclusion. The use of seclusion was recognised and appropriately recorded and safeguarded at the Robin Pinto unit.
- At Brockfield House staff referred to patients being placed in segregation. On further review this practice

Assessing and managing risk to patients and staff

- Risk assessments were undertaken prior to admission and were updated regularly and following incidents using the trust's own risk assessment document. A risk assessment was completed prior to any patient leaving the unit for either escorted or unescorted leave.

Are services safe?

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

was found to constitute seclusion. This practice was not recorded as seclusion and medical reviews only occurred every 24 hours. This did not meet the safeguards set out in the MHA Code of Practice.

- Prior to the inspection there was only one operational seclusion room catering for all the wards at Brockfield House. This was located on Alpine ward a male admission ward. A second seclusion suite was being built on Fuji ward, a female admission ward. However, was not yet ready for use. This had meant that female patients had previously been secluded on a male ward.
- Staff were trained in safeguarding. Staff across the services recognised safeguarding issues and had a clear reporting process to follow.
- We reviewed medication records and procedures at all wards we visited and found that medicines were stored and managed appropriately.
- Brockfield House and Robin Pinto had a designated child visiting area within the secure perimeter but away from ward areas.

Track record on safety

- There were six incidents of the most serious level recorded at secure services during 2014. These were two incidents of self-harm, two incidents of absconsion, one fall resulting in harm and one incident of barricade. All had been investigated and learning from these had been shared across staff.

Reporting incidents and learning from when things go wrong

- Staff were aware of the correct procedures to report incidents and issues of concern.
- Staff were open and honest with patients over issues on the wards or where things had gone wrong.
- A process was in place for information to be fed across the services. However, there was limited evidence from talking to ward staff that feedback was given to staff regarding all internal and external incidents. One example of this was the directive that no injections should be given in clinic rooms following an incident, however this practice had continued at some services.
- Support was offered to staff following an incident and was ward led by relevant ward leaders.

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.

Summary of findings

We rated effective as good for because:

- All admissions were planned following assessment and local risk assessments were carried out post admission.
- Care plans were in place and reflected individuals' needs.
- There was a good health care recording system that all staff including the visiting general practitioner could access within Brockfield House. All patients had physical healthcare needs met.
- Every ward had access to a full multi-disciplinary team (MDT) incorporating doctors, nurses, psychologists, social workers and occupational therapists. There was access to therapy and treatment provided by the MDT.
- Medication was prescribed in line with NICE and other relevant guidelines.
- Psychological therapy was available and nursing staff at Brockfield had been trained in dialectical behavioural therapy.
- Staff received training and supervision.
- All areas inspected had access to advocacy services.

However:

- At Robin Pinto access to GPs was provided for local patients only. There was no provision for out of area patients.
- The electronic note system was very difficult to negotiate and staff struggled to find documentation. We observed a 45 minute search to find a medical report for a patient's care programme meeting at Wood Lea clinic.
- HoNOS (Health of the Nation Outcome Scales) was not updated regularly.

staff including the visiting general practitioner (GP) could access within Brockfield House. However at Robin Pinto access to local GP was provided for local patients only. There was no provision for out of area patients. At Wood Lea all physical healthcare was provided by staff grade doctor employed to work there with no link to an out of hours' service.

- Care plans were personalised and based around the individualised risk of the person. Care plans addressed people's specific needs. However, the level of review varied across the service and from ward to ward. Some were only reviewed six monthly others in ward rounds on a weekly basis. Brockfield House used a good ward round standardised form that was clear to follow.
- The services used an electronic system for patients' notes which staff could only enter nursing and medical progress notes directly onto the system. Other notes had to be scanned in and some forms were not being scanned in a timely manner. This caused difficulties in finding notes in chronological order. At Wood Lea, in particular, knowledge and ability in navigating the Mobius system was very poor. This was acknowledged by the staff there. Staff of all disciplines upon interview did comment that Mobius system was difficult to use. However, this was a newly introduced system.

Best practice in treatment and care

- The trust undertook regular audits of prescribed medication. Prescribing was within British National Formulary (BNF) limits and at levels set in the National Institute for Health and Care Excellence (NICE) and other good practice guidance.
- There was access to psychological therapies across the service with both Wood Lea and Robin Pinto benefiting from new psychological input.
- HoNOS secure was used within the unit alongside HCR-20. However the completion and review of both was sporadic across the services.
- There was evidence that clinical audit occurred at the units and across the directorate.
- A specialist assisted in gaining employment and further education courses for patients who were on a discharge plan.

Skilled staff to deliver care

- Every ward had access to a full multi-disciplinary team (MDT) incorporating doctors, nurses, psychologists, social workers and occupational therapists. There was

Our findings

Assessment of needs and planning of care

- All admissions were planned following a detailed assessment. Local risk assessments were carried out post admission.
- All patients had physical healthcare needs met. There was a very good health care recording system that all

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.

access to therapy and treatment provided by the MDT. Nursing staff at Brockfield and in particular those on Fuji had been trained in dialectical behavioural therapy (DBT) to assist them working with their particular group of patients.

- Staff were supervised and appraised regularly and wards had regular team meetings. Each ward had adequate staffing levels. At Wood Lea Clinic staff expressed the view that they were geographically a stand-alone service and they were concerned about gaining support when required.
- Performance issues were addressed appropriately. When concerns were raised to the inspection team about certain staff members by patients on Fuji, the manager on Fuji was aware and evidenced that they were managing those staff.

Multi-disciplinary and inter-agency team work

- Handovers that were observed were effective and all areas had regular multi-disciplinary meetings involving a psychiatrist, psychologist, nurses and occupational therapists on a regular basis. At Robin Pinto and Wood Lea these also included social workers.
- The forensic service had good links with the local authority in regard to safeguarding concerns and also worked closely with NHS England.
- The forensic services worked well with education and employment services to provide opportunities to patients before discharge.

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

- Patients had their rights read to them at admission and throughout their detention.

- Detention paper work was completed correctly. There was administrative support to ensure paperwork was up to date and held appropriately. However, it was sometimes difficult to locate legal paperwork within the Mobius electronic note system.
- Prescribing was within British National Formulary limits and consent to treatment forms reflected the same. However the consent to treatment forms and associated patient progress notes did not fully indicate what in detail had been explained to the patient. This was across the forensic service but was a particular issue at Wood Lea Clinic.
- All areas inspected had access to an independent mental health advocate (IMHA) and wider advocacy services. Information about advocacy services was readily available.

Good practice in applying the Mental Capacity Act

- Patients had their rights read to them at admission and throughout their detention.
- Detention paper work was completed correctly. There was administrative support to ensure paperwork was up to date and held appropriately. However, it was sometimes difficult to locate legal paperwork within the Mobius electronic note system.
- Prescribing was within British National Formulary limits and consent to treatment forms reflected the same. However the consent to treatment forms and associated patient progress notes did not fully indicate what in detail had been explained to the patient. This was across the forensic service but was a particular issue at Wood Lea Clinic.
- All areas inspected had access to an independent mental health advocate (IMHA) and wider advocacy services. Information about advocacy services was readily available.

Are services caring?

Good 

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

Summary of findings

We rated caring as good for because:

- Staff on the wards displayed positive attitudes towards the patient group and care was individualised. This was confirmed by patients across the forensic service who spoke positively about the staff.
- Patients when admitted were orientated to the ward and the service and were encouraged to participate in their individual treatment process.
- At Brockfield House ex-service users participated in staff interview panels including those for consultant psychiatrists.

Our findings

Kindness, dignity, respect and support

- Staff on the wards in all areas displayed positive attitudes towards the patient group and care was individualised. This was confirmed by patients in all areas across the forensic service who spoke positively about the staff.

- Patients told us that staff were not restrictive and provided a good level of support.

The involvement of people in the care that they receive

- Patients were orientated to the ward on admission and encouraged to participate in their individual treatment process. Patients were in possession of their care plans. Risk assessments and patient involvement in these varied across the service.
- The ward round form used across the forensic inpatient service included a section on patient involvement in their care. However patients' involvement in their care planning varied from actively planning their care in ward rounds at Brockfield house to being given care plans to sign as at Wood Lea clinic.
- Where appropriate, families and carers were encouraged to visit and in particular at Brockfield House which had an excellent visiting area for children.
- All wards had regular community meetings, some daily and at the very least weekly.
- At Brockfield House ex-service users were on all interview panels from consultant psychiatrists to ward staff.

Are services responsive to people's needs?

Good 

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

Summary of findings

We rated responsive as good for because:

- There was a weekly referral meeting across the forensic service to fully consider admissions.
- Any patient moves within the service were planned and based on individual clinical need.
- All areas had quiet rooms and room to meet visitors or have private meetings with clinical staff.
- Information leaflets in a variety of languages could be accessed.
- There was a process for patients to complain about the service. Most complaints had been upheld.
- All wards had access to outside space.

However:

- Patient phones at Brockfield House and Robin Pinto unit were situated in busy parts of the ward where phone calls could be overheard. This also added to the general noise levels of the wards.
- Generally patients reported that the food was of poor quality.

- All areas had quiet rooms and room to meet visitors or private meetings with clinical staff.
- Apart from Wood Lea the wards did not have private areas for patients to make phone calls. All phones were situated in busy parts of the ward where phone calls could be overheard and added to the general noise levels of the wards.
- All areas had access to a large outside space for the patients, including individual gardens for each ward.
- Generally patients reported that the food was of a poor quality. Certain exceptions were Forest and Aurora Ward at Brockfield House, who catered for themselves for one meal per day and Wood Lea who self-catered totally. Hot and cold drinks were available to patients during the day. Hot drinks had to be requested from staff during the night although cold drinks were available.
- Patients were able to personalise rooms although few had actually done so and storage space was variable across the service as was the access to weekend activities.

Meeting the needs of all people who use the service

- All the services were accessible to people with disabilities apart from Robin Pinto where the toilet access was too small for wheelchair access.
- Information leaflets in a variety of languages could be accessed via the trust intranet and the trust had access to interpreting services.
- All wards had information on how to complain and had regular advocacy provision.
- Dietary requirements were catered for and at Wood Lea clinic patients were allowed to cook for each other, including meeting a variety of dietary requirements.
- All areas had access to spiritual support.

Listening to and learning from concerns and complaints

- There was a process for patients to complain about the service or give feedback on issues. Complaints were investigated appropriately in line with the complaints procedure. Many complaints across the forensic service were upheld.
- There was a meeting structure that allowed for information to be disseminated across the services. However not all staff were aware of the process when asked to state what learning had come from complaints.

Our findings

Access and discharge

- There was a weekly referral meeting across the forensic service which discussed existing referrals to the service and which also reviewed current patients' placements in the service.
- Any patient moves within the service were planned and based on individual clinical need.
- There were three delayed discharges from Brockfield House. These related to availability of placements at external providers.

The facilities promote recovery, comfort, dignity and confidentiality

- Services inspected were delivered from well designed and appropriate environments. The only exception was at the Robin Pinto Unit which was not purpose built and was cramped. However, works were due to start in July 2015 to improve facilities and the environment at this unit.

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.

Summary of findings

We rated well-led as good because:

- Staff were aware of the trust's vision and values.
- Management including senior leadership was visible across the service.
- Team working was evident across the wards and staff felt supported by their immediate managers.
- Generally staff were aware of issues at other units and were engaged in governance.
- Service users were engaged in the development of the service.
- The physical healthcare database was shortlisted for an award by the Health Service Journal.

However:

- Wood Lea clinic was an isolated unit with poor governance procedures.
- Sickness and absence rates varied across services however they were generally high with five wards having sickness rates between 11% and 15%.
- There was a high percentage of vacancies with the highest being Aurora ward at 43%.
- There was a high use of bank shifts across the service in particular in the Robin Pinto unit.

Our findings

Vision and values

- Staff were aware of the trust's vision and values and could describe them. Posters were on display in all team buildings.
- Staff knew who the senior managers were and they had met some of the executive and non-executive directors.
- Staff at Brockfield House were aware of whom the senior managers were in the organisation and confirmed the chief executive had visited. The managers of the forensic service visited Robin Pinto however staff at Wood Lea commented that they did not see trust managers above middle management grades regularly. It was commented by staff that senior medical managers' attendance at Robin Pinto and in particular Wood Lea was minimal.

Good governance

- Staff training rates were high across the service in recent months. However, the training tracker held in services showed that this had been variable over the previous 12 months. In the two months prior to inspection supervision rates were almost 100%. Supervision across the nursing staff was both clinical and managerial.
- The rates of staff appraisals on the ward were high except for Wood Lea clinic which had an appraisal level of 60% for the last year.
- Incidents were reported via the trust reporting system and relevant information was emailed to the appropriate ward/team leaders.
- Staff had a process in place to submit concerns and issues to the individual ward risk registers which fed in to the trust risk register where appropriate.

Leadership, morale and staff engagement

- Sickness and absence rates varied across services. However, they were higher than the trust target at Causeway at 14% and Lagoon at 12 %. Managers showed that the process was however managed.
- Staff stated that they were aware of how to make a complaint or raise concerns within their own teams.
- Within all areas staff were supported to develop their leadership skills at ward level. Several staff had been promoted within the service.
- All ward leaders had sufficient authority and appropriate support. All of these staff presented very well and were highly thought of amongst all ward staff across the services.
- Team working and support mechanisms on the wards was very evident and staff felt supported by their immediate managers. Staff morale and job satisfaction was positive.
- Within the wards there was evidence from interviews with the patient groups that staff were open and honest. Within the services five out of 14 formal complaints were upheld. In ward rounds we observed that staff were honest and open with patients.
- The trust had a staff survey and ward staff spoke positively about being able to approach their immediate managers on the wards to offer opinion about their working environment.

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.

Commitment to quality improvement and innovation

- There was a range of therapeutic interventions available on an individual and group basis,
- Service user groups were encouraged to discuss improvements to the service.
- The physical healthcare database was shortlisted by the Health Service Journal for an award.
- Brockfield House provided support to access employment and further education for patients moving on from secure services.
- Ex-patients were used in the recruitment process of all staff.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Treatment of disease, disorder or injury	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment <ul style="list-style-type: none">• The trust must ensure that all practices amounting to seclusion or segregation are recognised, recorded and safeguarded in line with requirements set out in the Mental Health Act Code of Practice.• The trust must take action to reduce restrictive interventions particularly on Fuji ward where the numbers of prone restraints were high. Regulation 13(4)(b).