Riverside Healthcare Limited

Cheswold Park Hospital

Inspection report

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

Ratings

Overall rating for this location	Requires Improvement
Are services safe?	Requires Improvement
Are services effective?	Requires Improvement
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Requires Improvement

Summary of findings

Overall summary

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

· The wards did not always have enough nurses and support workers in order to provide safe care which had an impact on staff wellbeing and led to cancellation of leave and activities for patients.

· Managers did not ensure that all staff received training, supervision and appraisal.

· The governance processes did not always ensure that ward procedures ran smoothly. Improvements the hospital planned to make were not embedded and therefore the effectiveness of the interventions were not evident.

· Patients self-medicating were not always storing the keys to their medication safely.

· There were some incidents not reported consistently across the wards such as low staffing levels, cancelled leave and racial abuse towards staff, although the staff knew how to report and reported patient safety incidents.

· Carers were not aware of their rights to an assessment of their needs.

However:

· The ward environments were safe and clean. Staff assessed and managed risk well. They minimised the use of restrictive practices, kept clear and comprehensive records and followed good practice with respect to safeguarding.

· The ward teams included or had access to the full range of specialists required to meet the needs of patients on the wards, including good physical health care. The ward staff worked well together as a multidisciplinary team.

· Staff treated patients with compassion and kindness, respected their privacy and dignity, and understood the individual needs of patients. They actively involved patients in care decisions.

· The service treated concerns and complaints seriously, investigated them and learned lessons from the results.

Summary of findings

Our judgements about each of the main services

Service	Rating		Summary of each main service
Forensic inpatient or secure wards	Requires Improvement		

Summary of findings

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Summary of this inspection

Background to Cheswold Park Hospital

Cheswold Park Hospital is a purpose-built hospital in Doncaster. Riverside Healthcare Limited is the provider. The hospital is an independent mental health hospital that provides eight low and medium secure accommodation for male and female patients over 18, with mental disorder, learning disabilities and autism spectrum disorder with an offending background, who require assessment treatment and rehabilitation within a secure environment.

The hospital is registered with the Care Quality Commission to provide the following regulated activities:

· Diagnostic and screening procedures

· Medical treatment of persons detained under the Mental Health Act 1983

· Treatment for disease, disorder or injury.

The hospital has a registered manager. The registered manager, along with the registered provider, is legally responsible and accountable for compliance with the requirements of the Health and Social Care Act 2008 and associated regulations. The hospital had a controlled drugs accountable officer on site. Controlled drugs accountable officers are responsible for all aspects of controlled drugs management within their organisation.

The hospital has two medium secure wards and six low secure wards

· Aire – 12 bed low secure for men with mental illness acute admission, assessment and treatment.

· Esk – 12 beds low secure for men recovery and rehabilitation wards.

· Foss - 12 beds low secure for men pre-discharge rehabilitation and recovery.

· Don – 12 beds low secure for men with personality disorder admission, treatment and rehabilitation

· Calder – 16 beds low secure for men with personality disorder rehabilitation and recovery for people with personality disorder

· Wentbridge – 8 beds low secure service for men with a primary diagnosis of high functioning autism and other associated mental health needs.

· Brook – 16 beds medium secure admission, assessment, treatment and recovery service for men with mental illness, mental disorder and dual diagnosis.

· Bronte – 12 beds medium secure admission, assessment, treatment and recovery service for women with mental illness, mental disorder and dual diagnosis.

In June 2021, there was a fire on Don ward and the ward was uninhabitable due to smoke damage. In order to accommodate the patients from this ward, the provider made changes to the wards which included Haven and Goldthorpe wards becoming a temporary Don ward. Haven ward was a medium secure service for people with learning

disabilities and associated diagnosis such as personality disorder, mental illness and autism spectrum conditions. The CQC completed 7 Mental Health Act monitoring visits to the hospital between March 2020 and March 2021. Issues identified included inconsistency in restrictions, poor internet connection, lack of patient involvement in care planning, staffing levels and staff attitudes.

During this inspection we reviewed some of these actions and found the hospital had addressed some of the issues identified such as internet connection, patient involvement in care planning however there were still concerns with staffing levels and this led to some restrictions on patients.

We last inspected the hospital in June 2019. We rated this service as ‘good’ overall with ratings of ‘good’ in the effective, caring, responsive and well led key questions, and requires improvement in safe. The hospital was in breach of the following regulations:

· Regulation 12 Health and Social Care Act 2008 Safe care and treatment

· Regulation 18 Health and social Care Act 2008 Staffing

We also suggested some actions which the provider could take to improve the service; including reviews of patients with long term physical health conditions, improved recording and de-brief following incidents of restraint and reviewing policies.

What people who use the service say

Patients told us there was not always enough staff to meet their needs. Some patients told us that leave from the hospital and activities were cancelled as there was not enough staff to support these.

Patients told us most staff were caring, respectful and helpful. Patients told us they had good relationships with regular members of staff, felt supported and listened to. Patients told us that restrictive interventions were rarely used; they were involved in ward rounds and community meetings and could contribute to these. Some patients were also involved in hospital wide meetings.

Feedback from families and carers we spoke with was generally positive. They told us that staff were kind and polite and their level of engagement with the hospital was good. Five family members felt that communication with them could be improved but all families and carers we spoke with confirmed that they are invited to regular meetings and can attend and speak to the patients via video conferencing. All families and carers we spoke with had the opportunity to give feedback and knew how to raise concerns. None of the family members we spoke with had been provided any information regarding their rights to a carer’s assessment.

How we carried out this inspection

During the inspection visit, the inspection team:

- visited eight wards at the hospital, looked at the quality of the ward environment and observed how staff were caring for patients
- spoke with nine ward managers and service managers and the chief nurse

Summary of this inspection

- spoke with 41 other members of staff including 18 support workers, 14 registered nurses and registered nurse associates, three doctors, one registered general nurse, one speech and language therapy assistant, one dietician, one forensic psychologist, one quality and compliance partner and one medical records member of staff.
- spoke with 28 patients who were using the service
- spoke with 17 family members of carers of patients who were using the service
- looked at 32 care and treatment records of patients
- reviewed 31 patient prescription charts
- attended one multidisciplinary team meeting, one morning escalation meeting and one governance meeting
- looked at a range of policies, procedures and other documents relating to the running of the service.

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

Areas for improvement

Action the service MUST take to improve:

- The provider must ensure that staffing levels are adequate to ensure staffing levels are safe, leave and activities are not cancelled and restrictions to outside areas are not imposed (Regulation 18(1)).
- The provider must ensure that all staff receive appropriate training, support, supervision and appraisal in line with the providers policy (Regulation 18(2)).

Action the service SHOULD take to improve:

- The provider should ensure that improvements are embedded, such as the introduction of a new staffing tool and supervision policy and monitored to ensure these interventions are effective.
- The provider should ensure that patients who are self-medicating are supported by monitoring and review of risk assessments in relation to key safety and increase staff awareness regarding this issue.
- The provider should ensure that all incidents are reported consistently to ensure that management have clear oversight of the impact on patients and staff safety.
- The provider should ensure all clinic rooms are organised and that equipment, on all wards, have visible stickers to denote a cleaning date.
- The provider should consider how carers are informed about their rights to an assessment of their needs.
- The provider should consider a training / skills audit to ascertain training requirements for staff to improve the skill level of the workforce across the site.

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Forensic inpatient or secure wards	Requires Improvement	Requires Improvement	Good	Good	Requires Improvement	Requires Improvement
Overall	Requires Improvement	Requires Improvement	Good	Good	Requires Improvement	Requires Improvement

Requires Improvement

Forensic inpatient or secure wards

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

Are Forensic inpatient or secure wards safe?

Requires Improvement

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

Safe and clean care environments

All wards were safe, clean well equipped, well furnished, well maintained and fit for purpose.

Safety of the ward layout

Staff completed and regularly updated thorough risk assessments of all wards areas and removed or reduced any risks they identified. The service completed daily security checks, weekly environmental checks and monthly environmental and ligature audits were completed which the ward manager had oversight of. Heatmaps were in place on the wards to highlight risks from ligature points and daily handover included environmental and security information.

Staff could observe patients in all parts of the wards, any blind spots were mitigated by mirrors on some wards, and by observations and positioning of staff.

The ward complied with guidance and there was no mixed sex accommodation.

Staff knew about any potential ligature anchor points and mitigated the risks to keep patients safe. Ward environments restricted access to areas were ligatures were present, for example access to the kitchen was risk assessed according to the security level of individual patients.

Staff had easy access to alarms and walkie talkies and patients had easy access to nurse call systems. During inspection we saw evidence of audits to ensure they were in good working order.

Maintenance, cleanliness and infection control

Ward areas were clean, well maintained, well-furnished and fit for purpose and weekly environmental checks included furniture inspection.

Staff made sure cleaning records were up-to-date and the premises were clean.

Staff followed infection control policy, including handwashing and wards completed COVID-19 compliance checks.

Seclusion rooms

The hospital had five seclusion rooms, including one specifically for the use of female patients on Bronte ward. Three were in use at the time of inspection and we visited two of the seclusion rooms, Jarrow and Isle suite, which allowed clear observation and two-way communication. They had a toilet and a clock.

Clinic room and equipment

Clinic rooms were fully equipped, with accessible resuscitation equipment and emergency drugs that staff checked regularly. Three of the wards, Don, Wentbridge and Bronte, had emergency grab bags kept in the clinic rooms, which all staff could access. A response team was confirmed at the start of each shift. There was a clear policy and procedure in place for responding to a medical emergency which staff could describe.

Staff checked, maintained, and cleaned equipment in all eight clinic rooms we toured during inspection. Drug expiry dates, room and fridge temperatures were checked. Ligature cutters were kept in the clinic room and checked as part of the daily security checklist. Equipment on all wards were visibly clean however Brook and Esk did not have visible stickers to denote a cleaning date. All clinic rooms were organised apart from Don ward clinic room which was disorganised.

Safe staffing

The service had enough medical staff but did not have enough nursing staff and support workers, who knew the patients. All staff received basic training to keep people safe from avoidable harm.

Nursing staff

The service did not have enough nursing and support staff to keep patients safe and staff and patients also told us that there were occasions when wards were without a qualified registered nurse on shift.

Between 01 July 2020 and 01 July 2021, the hospital recorded 26 occasions when there was not a qualified registered nurse on every ward. This was due to last minute staff absence or the requirement to isolate as per government guidance for people with possible or confirmed COVID-19 infection. The hospital told us that on seven of these occasions a registered nurse associate was on the shift and on all occasions a qualified registered nurse from another ward would support with clinical duties.

The hospital used bank and agency nurses and support workers to support the wards. Between 01 July 2020 and 11 July 2021, the hospital used agency staff to cover 1,704 shifts, an average of 6.6% of all the shifts worked in the hospital. All staff we spoke to told us that there were issues with staffing. Half of the staff we spoke with were concerned about staffing levels and the remaining staff said this was being managed well and that new staff were being recruited. Nineteen patients we spoke with told us there were issues with staffing which resulted in cancelled activities and escorted leave. Two family members we spoke with also told us that staffing impacted on patients in relation to leave and appointments external to the hospital.

Between 01 July 2020 and 01 July 2021, the hospital recorded 18 occasions on Aire Ward and 1 occasion on Esk Ward when escorted leave was cancelled. Staff on other wards told us that leave was cancelled or postponed and they would mark this in the ward diary and did not incident report. This inconsistency meant leaders in the hospital did not have full oversight of the impact on patients.

At July 2021, the hospital had a vacancy rate of 11% for nurses and 6% for support workers. The hospital was successfully recruiting and had made offers of employment to cover these gaps.

At July 2021, the staff turnover rate, year to date, for the eight wards we visited during inspection was 28.8%. Managers and staff told us that the high turnover was due to a recent restructure and changes to employment terms and conditions. The hospital had introduced human resources people partners to the hospital to work on the retention of staff.

At June 2021, the sickness level hospital wide was 5.17%. The hospital rated any absence at 4.1% and over as unacceptable.

Managers calculated and reviewed the number and grade of nurses and support workers for each shift and due to high levels of sickness and vacancies the service used bank and agency staff, when possible. Managers told us they tried to use agency staff that were familiar with the service, ensured they had an induction and understood the service before starting their shift.

Staff and patients told us they had regular one to one session with their named nurse.

Overall, the wards had enough staff on each shift to carry out any physical interventions safely because the response team would be agreed at the start of the shift.

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

Medical staff

The service had enough daytime and night-time medical cover and a doctor, on call, available to go to the ward within one hour of an emergency.

Managers could call locums when they needed additional medical cover.

Managers made sure all locum staff had a full induction and understood the service before starting their shift. Doctors told us there was an on-call meeting daily with the director, two medics and a designated nurse for each shift.

Mandatory training

Staff had completed and kept up to date with their mandatory training. As of 02 June 2021, the overall hospital compliance was 91%. There were four courses hospital wide which fell under the providers compliance target of 90% but this was being monitored by managers and skill mix considered for shifts. The courses were:

· Basic Life Support – 88%

· Health and Safety – 87%

· Mental Health Act – 82%

· Information Governance – 86%

Managers monitored mandatory training using a live training and development matrix and alerted staff when they needed to update their training. Staff we spoke with told us that finding time to complete training could be difficult depending on staffing levels and patient needs.

The organisation provided training for staff in learning disabilities, personality disorder, epilepsy, dementia and asthma which had an average compliance rate hospital wide of 94%. However, some staff told us that the mandatory training programme didn't always meet their needs or the needs of patients. Staff were often asked to work on other wards and didn't always feel they had the skills to meet the specific needs of some patients.

Assessing and managing risk to patients and staff

Staff assessed and managed risks to patients and themselves well. They achieved the right balance between maintaining safety and providing the least restrictive environment possible to support patients' recovery. Staff had the skills to develop and implement good positive behaviour support plans and followed best practice in anticipating, de-escalating and managing challenging behaviour. As a result, they used restraint and seclusion only after attempts at de-escalation had failed. The ward staff participated in the provider's restrictive interventions reduction programme.

Assessment of patient risk

Staff completed risk assessments for each patient on admission, using recognised tools, such as health of the nation outcome scales, functional analysis of care environments and the historical, clinical and risk management – 20 which is a structured tool to assess the risk of violence. These assessments were reviewed regularly, including after any incident.

Management of patient risk

Staff knew about any risks to each patient and acted to prevent or reduce risks. The provider used the PERMA model within their support planning, which is an evidence-based approach to increase positive emotions, engagement, relationships, meaning, and achievement with an aim to decrease anxiety, depression, and stress. During inspection we reviewed 32 care records and found the support plans to be individualised and in-depth identifying triggers, positive emotions and inclusion in 30 of the records. We found they gave clear instruction and guidance for staff for supporting patients and managing behaviour positively.

Staff identified and responded to any changes in risks to, or posed by, patients based on individual need and the review of 32 care records showed this was daily, if required, but at most six monthly.

Staff followed procedures to minimise risks where they could not easily observe patients, which included restricted access to some areas and observations. The hospital carried out monthly audits of blanket rules and restrictions on each ward. We reviewed the July 2021 audits which did not identify any issues with restricted access to outside areas however during inspection we found the doors to outside were locked on five wards. Some patients we spoke to told us that they had to wait for a staff member to open the door and sometimes had to wait if they were busy.

Staff followed hospital policies and procedures when they needed to search patients or their bedrooms to keep them safe from harm. Staff told us a log of items were taken and patients searched on admission. Additional searches were based on individual risk assessments. If

patients had unescorted leave patients were risk assessed for a random or routine search on return to the hospital.

Use of restrictive interventions

Levels of restrictive interventions were low and reducing. Between 01 July 2020 and 01 July 2021, the hospital recorded 85 restraints and no prone restraints on the eight wards we visited during the inspection.

Staff participated in the provider's restrictive interventions reduction programme, which met best practice standards. The hospital had a restraint reduction plan and had a restraint committee which met every three months. We spoke to two patient ward representatives, during inspection, who attended these meetings. Trends and patterns were also on the agenda for the hospital's monthly governance meeting.

Staff made every attempt to avoid using restraint by using de-escalation techniques and restrained patients only when these failed and when necessary to keep the patient or others safe. We spoke with 51 members of staff who told us that they used de-escalation techniques which were tailored to the individual through assessment, support and safety plans, which included any physical health issues that a patient had. The wards could use low stimulus areas or rooms, changed observation levels and offered 1-1 support when required.

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

Staff followed NICE guidance when using rapid tranquilisation. Between 01 July 2020 and 01 July 2021, the hospital recorded no use of rapid tranquilisation on the eight wards we visited during inspection.

Between 01 July 2020 and 01 July 2021, the hospital recorded 114 uses of seclusion on the eight wards we visited during inspection. We reviewed five seclusion booklets and found when a patient was placed in seclusion, staff kept clear records and followed best practice guidelines.

During inspection there was one patient on Esk ward in long-term segregation. We spoke with the patient and viewed care records and staff followed best practice, including guidance in the Mental Health Act Code of Practice.

Safeguarding

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

Between 01 July 2020 and 01 July 2021, the hospital recorded 79 referrals from the eight wards we visited during inspection.

Staff received training on how to recognise and report abuse, appropriate for their role. As of 02 June 2021, the overall hospital compliance for safeguarding training was 97% which exceeded the providers compliance target of 90%.

Staff were kept up to date with their safeguarding training by completing level three training on induction and a three-yearly e-learning refresher. Nine managers we spoke with told us they were due to undertake level 4 safeguarding training in July 2021.

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

Staff knew how to recognise adults and children at risk of or suffering harm and worked with other agencies to protect them.

Staff followed clear procedures to keep children visiting the ward safe. The hospital had a policy in place and a visitor's room, off the wards, were children could visit. These visits would be supervised by a hospital social worker.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. Concerns would be discussed with the ward manager and escalated to a hospital social worker, as the safeguarding leads.

Managers took part in serious case reviews and internal investigations on other wards. Managers made changes based on the outcomes.

Staff access to essential information

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

Patient notes were comprehensive and most of the members of staff we spoke with could access them easily.

Although the service used a combination of electronic and paper records, such as observation charts, some physical health information and seclusion records staff made sure they were up-to-date and complete.

Staff we spoke with told us that agency staff did not have access to the electronic records. Grab files were available which included information about individual patients and comprehensive handovers in place.

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

Records were stored securely.

Medicines management

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

Staff followed systems and processes when safely prescribing, administering, recording and storing medicines and in line with the provider's policy and procedure when this was administered. Some patients were supported to self-medicate, there were risk assessments in place, a treatment plan and a policy to follow. The medicines

management policy covered self-administration and stated that all self-administration programmes must be subject to monitoring, supervision and review by registered nursing staff and the findings reviewed with the multidisciplinary team on a regular basis, however we found that patients were not always keeping the keys to their medication safely and this was fed back to the provider to review the risk assessments in place.

Staff reviewed patients' medicines regularly and provided specific advice to patients and carers about their medicines, including regular blood tests required for certain prescriptions and high dose anti-psychotic therapy monitoring. We saw evidence that medication was reviewed by the doctor in regular ward rounds and a second opinion appointed doctor, where appropriate.

During inspection we checked 31 prescription charts and found that staff stored and managed medicines and prescribing documents in line with the provider's policy.

Staff followed current national practice to check patients had the correct medicines. Patients told us that they completed a form prior to ward round which included side effects of medication. We also observed a doctor speak to a patient regarding their medication whilst on Bronte ward.

The service had systems to ensure staff knew about safety alerts and incidents, so patients received their medicines safely.

Decision making processes were in place to ensure people's behaviour was not controlled by excessive and inappropriate use of medicines which was evident in reviews of the 31 prescription charts and in the low use of rapid tranquilisation hospital wide.

Staff reviewed the effects of each patient's medication on their physical health according to NICE guidance. Staff had access to equipment to complete physical health checks and patients had monthly checks or more often depending on individual need.

Track record on safety

The service had a good track record on safety.

Reporting incidents and learning from when things go wrong

The service managed patient safety incidents well although some staff didn't recognise all incidents and report them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.

Staff knew to report incidents and how to report them and all 51 members of staff we spoke to had access to the incident reporting database.

Staff raised concerns and reported patient safety incidents and near misses in line with provider policy, however there were some inconsistencies with reporting across the eight wards and with individual staff members, for example, some staff reported cancelled section 17 leave as an incident, staffing levels and racial abuse towards staff whereas other staff we spoke to did not. This inconsistency meant leaders in the hospital would not have full oversight of the impact on patients and staff.

Staff reported serious incidents clearly and in line with hospital policy, which outlined incident definitions for staff including those considered a serious incident and never events.

Staff understood the duty of candour and the hospital provided training for staff and the provider ensured staff thought about duty of candour following an incident by adding a question on the incident reporting system. They were open, transparent and gave patients and families a full explanation if and when things went wrong.

Managers debriefed and supported staff after any serious incident. The provider had introduced a new process called positive and safe reviews. This included new debrief forms for staff and patients. The debrief for staff included a hot debrief, immediately after the incident and cold debrief, within a few days of the incident.

Managers investigated incidents thoroughly. Patients and their families were involved in these investigations and, when appropriate, this would be discussed in patient community meetings.

Staff received feedback from investigation of incidents, both internal and external to the service. The development team reviewed incidents and sent a report to the ward manager. During inspection we saw a recent review which included good practice and recommendations which would be shared with the team or individuals, as appropriate.

Staff met to discuss the feedback and look at improvements to patient care in team meetings and discussed incidents at daily handovers. Service managers had regular meetings to share information between wards.

There was evidence that changes had been made as a result of feedback such as the new positive and safe review process following feedback from the last CQC inspection and changes to toaster plugs as a result of a recent serious incident.

Are Forensic inpatient or secure wards effective?

Requires Improvement

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

Best practice in treatment and care

Staff provided a range of treatment and care for patients based on national guidance and best practice. They ensured that patients had good access to physical healthcare and supported them to live healthier lives.

Staff identified patients' physical health needs and recorded them in their care plans. We looked at 32 care records and found good physical health checks in 24 of the records. Patients had a physical health check on admission, but we could not locate this in eight of the records. Patients physical health was reviewed annually, and monthly checks were carried out or more often, depending on individual need and the patients we spoke with confirmed this.

Staff made sure patients had access to physical health care, including specialists as required. The hospital had access internally to psychologists, occupational therapists, speech and language therapists, physiotherapist and a dietician. We saw evidence in care records of external appointments to opticians, dentists and referral to GPs. If patients had allergies, then catering teams would work and plan meals with patients.

Requires Improvement

Forensic inpatient or secure wards

Skilled staff to deliver care

The ward teams included or had access to the full range of specialists required to meet the needs of patients on the wards. Managers did not make sure that all staff had the range of skills needed to provide high quality care. They did not provide all staff with appraisals, supervision and opportunities to update and further develop their skills. Managers provided an induction programme for new staff.

Managers did not always ensure staff had the right skills, qualifications and experience to meet the needs of the patients in their care, including agency staff. Not all agency staff had been trained in the provider's approved restraint methods and some staff told us they felt they didn't have the skills to meet all patient's needs. The hospital reported that agency staff were always supported by more experienced staff but current staffing levels may not enable this.

Managers gave each new member of staff a full induction to the service before they started work and staff attended shift handovers.

Managers did not provide all staff with regular and constructive appraisals of their work. Between 01 July 2020 and 01 July 2021, compliance rates for the nursing staff and support workers across the eight wards was at 50%, medical staff and psychologists was 100%, social workers 33% and allied health professionals averaged 89%.

Managers did not provide all staff with regular and constructive clinical supervision of their work. In the three months leading up to inspection compliance rates for staff across the eight wards was at an average of 57%.

The hospital provided training for staff in a range of courses both mandatory and non-mandatory, including drug and alcohol awareness, care planning training and positive behaviour support training. However, we spoke with 51 members of staff and received a mixed response. Some staff told us that the provider was supporting them to access other specialist training or external courses such as national vocational qualifications. However, some staff did not feel they were given the time and opportunity to develop their skills and knowledge.

Are Forensic inpatient or secure wards caring?

Good

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

Kindness, privacy, dignity, respect, compassion and support

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

Our observations during inspection indicated that staff were discreet, respectful, and responsive when caring for patients. We spoke to 28 patients and 22 told us staff were respectful and caring and some patients told us staff were courteous in abusive situations. Those patients who raised concerns told us that it was the inconsistency of staff, unfamiliar staff and the limited time staff had to interact with patients which caused problems. We spoke with 17 family members who told us staff were generally kind and polite and they put patients first. Results from the staff survey in December 2020 found that 80% of respondents agreed that care of patients was the hospitals top priority.

Requires Improvement

Forensic inpatient or secure wards

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

Staff supported patients to understand and manage their own care treatment or condition. Some patients we spoke to told us that they felt listened to during ward round and did not feel overwhelmed. Patients told us they appreciated the opportunity to complete a form before their ward round.

Staff directed patients to other services and supported them to access those services if they needed help. Patients we spoke to told us that they were being supported to attend a range of groups and activities and being supported to access education.

Staff understood and respected the individual needs of each patient including supporting and respecting the needs of LBGT+ patients and individuals with sensory needs, such as autism, dyspraxia and dyslexia.

Staff felt that they could raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes towards patients and staff told us that the hospital take any patient concern or complaint seriously and investigate.

Staff followed policy to keep patient information confidential and if patients did not want information disclosing to family members or carers then this was respected.

Involvement in care

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

Involvement of patients

Staff introduced patients to the ward and the services as part of their admission.

Staff involved patients and gave them access to their care planning and risk assessments. All, except two, patients we spoke with felt involved in their care, involved in ward rounds, had access to specialists and advocates.

Staff made sure patients understood their care and treatment and provided information and forms in different methods to communicate with patients when they had individual needs.

Staff involved patients in decisions about the service, when appropriate. The wards held regular community meetings with the patients. We saw minutes of these meetings which included any changes in the hospital and gave patients chance to give feedback.

Patients could give feedback on the service, their treatment and staff supported them to do this. Patients had access to forms to complete prior to ward rounds, complaints forms, contact details for advocates and CQC. All patients confirmed they had regular 1-1s with their named nurse to discuss their treatment and support.

Staff supported patients to make advanced decisions on their care.

Requires Improvement

Forensic inpatient or secure wards

Staff made sure patients could access advocacy services. All 28 patients we spoke with told us that they either had or could have access to an advocate. The local advocacy service regularly attended the wards and we spoke to an advocate during inspection who confirmed the independent advocates provided drop-in sessions for patients and supported tribunals. Advocacy confirmed that staff contact the advocates when patients required support and were positive about staff's approach to this.

Involvement of families and carers

Staff informed and involved families and carers appropriately.

Staff supported, informed and involved families or carers, when appropriate. Staff told us that they would regularly speak to family members if the patient was happy for them to do so. Families could visit patients and the hospital had set up an outside visiting area. The hospital had also set up video conferencing so that that patients could speak to family members and so that they could attend meetings and family members we spoke with confirmed this. We spoke with 17 family members and feedback regarding their level of engagement was good. Five family members felt that communication with them could be improved and one family member told us that they received no information on admission but were involved in meetings about their family member.

Staff helped families to give feedback on the service. One family member told us they attend a family and friends feedback meeting and several family members confirmed they had recently received a friends and family feedback form. All family members we spoke with knew how to raise concerns.

Staff did not give carers information on how to find the carer's assessment. The hospital had a family and friends guidebook, available on their website, which covered support for carers however, none of the 17 family members we spoke with during inspection had an assessment of their needs and told us they had not been given information regarding their rights.

Are Forensic inpatient or secure wards responsive?

Good

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

Listening to and learning from concerns and complaints

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

Patients, relatives and carers knew how to complain or raise concerns. All 28 patients we spoke with knew how to raise concerns however six patients told us that they did not feel listened to. All 17 family members we spoke with confirmed that they knew how to complain and raise concerns and three family members told us they knew that their family member had raised complaints and were happy with the response from the hospital.

The service clearly displayed information about how to raise a concern in patient areas. During inspection we saw complaints information and confidential boxes on the wards.

Requires Improvement

Forensic inpatient or secure wards

All the staff we spoke with during inspection understood the policy on complaints and knew how to handle them. All wards have a complaints file containing complaints forms and wards are assigned a quality and compliance partner who spent time on the wards to complete audits and speak to patients.

Managers investigated complaints and identified themes. Since 01 July 2020 leading up to inspection the eight wards had received a total of 129 complaints. These were recorded as local resolved, informal and formal complaints.

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

Staff knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint, which could take up to 20 days for a formal complaint to be investigated.

Managers shared feedback from complaints with staff during handovers, team meetings or in individual supervision sessions and learning was used to improve the service

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

Are Forensic inpatient or secure wards well-led?

Requires Improvement

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

Culture

During our inspection we spoke with 51 staff and 48 staff told us they felt respected, supported and valued by their immediate managers but they did not always feel this way about senior managers in the hospital. The results of the most recent staff survey in December 2020 confirmed what staff told us. A recent restructure and changes to employment terms and conditions had resulted in a staff leaving and staff morale was generally low. Staff felt able to raise concerns however they did not always feel listened to. In the staff survey 38% of staff agreed senior leaders acted on feedback. The provider had recently introduced human resources people partners to the hospital to support staff wellbeing and the retention of staff.

Some staff we spoke to said the hospital promoted equality and diversity in daily work and provided opportunities for development and career progression. In the December 2020 staff survey 93% of respondents stated they had never experienced bullying or harassment from managers.

Governance

Our findings from the other key questions demonstrated that governance processes did not always operate effectively at team level and that performance and risk were not always managed well. The hospital planned to make improvements, but these were not embedded at the time of inspection and therefore we were not assured that this intervention was going to be effective.

The service did not have enough nursing and support staff to keep patients safe. Staff, patients and family members we spoke with raised concerns regarding staffing levels and there were occasions when wards were without a qualified

registered nurse on shift. Staff and patients told us that the staffing levels had an impact on their leave and activities being cancelled. We also found access to outside areas on some wards was restricted due to staff availability. The results of the staff survey in December 2020 showed that some respondents did not feel there were enough staff to do their job properly. During inspection we attended a monthly governance meeting were the leadership team recognised the critical issues in terms of staffing levels and discussed the introduction of the mental health optimal staffing tool to support and guide the hospital in their safe staffing decisions.

Not all staff were receiving appropriate support, supervision and appraisal in line with the providers policy. The provider informed us that they had undertaken a review of supervision and policies and a new supervision model was to be introduced in August 2021.

During inspection we found that the hospital supported patients to self-medicate but we were concerned that patients were not keeping the key to their medications safe. The provider had a policy and related forms to support the patient however risk assessments of patients needed to include key safety and the provider needed to increase staff awareness in relation to this. Staff told us and a review of incidents found there were some inconsistencies in the reporting of staffing issues, cancellation of section 17 leave and racial abuse towards staff which meant that management could not have clear oversight of the impact. Although, the provider had an incident reporting policy and incident reporting system that all staff could access, and staff reported patient safety incidents.

Although the hospital provided a family and friends guidebook, all family members and carers told us they were not aware of their rights to an assessment of their needs.

However, training in restrictive interventions had improved and the wards minimised the use of restrictive interventions. Seclusion record keeping had improved and the hospital ensured all patients had good physical health monitoring in place. A new process for debriefs for staff and patients and reviewing incidents and learning lessons had been implemented. Most family members and carers told us that communication was good which was an improvement from the last inspection despite the challenges brought by the COVID-19 pandemic.

Management of risk, issues and performance

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

All staff, except for one member of staff who did not have a password, had access to the providers electronic care records and the hospitals intranet site to access all guidance and policies and procedures. Agency staff did not have access to electronic systems, and this had an impact on the hospitals permanent staff in terms of workload.

Managers had access to a training and development matrix and individual ward review datasets which were produced monthly. Managers were also provided with outcomes of regular audits and incident reviews and investigations to ensure they had oversight of their ward’s performance.

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 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing • The provider must ensure that staffing levels are adequate to ensure staffing levels are safe, leave and activities are not cancelled and restrictions to outside areas are not imposed. • The provider must ensure that all staff receive appropriate training, support, supervision and appraisal in line with the providers policy.