Nottinghamshire Healthcare NHS Foundation Trust

Forensic inpatient or secure wards

Inspection report

Duncan Macmillan House
Porchester Road
Nottingham
NG3 6AA
Tel: 01159691300
www.nottinghamshirehealthcare.nhs.uk

Date of inspection visit: 08 - 10 February 2022
Date of publication: 20/05/2022

Ratings

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

Our findings

Forensic inpatient or secure wards

Good

This report relates to Nottinghamshire Healthcare NHS Trusts' Forensic and secure inpatient service. People in these services have often been in contact with the criminal justice system. These services may be low, medium or high secure, reflecting the different levels of risk that people may present. This service has 268 beds, on 17 male or female wards, across three hospital locations known as Wathwood Hospital Rotherham, Arnold Lodge Leicester, and Wells Road Nottingham.

We carried out this unannounced focused inspection between 08 and 18 February 2022. At this inspection we looked at the specific issues raised in the requirement and warning notices and sampled evidence across 13 of the possible 17 wards. We covered all the key lines of enquiry.

We wanted to see how the trust had met the requirement notices from our comprehensive inspection in May 2019 and the warning notices from our focussed inspection in February 2021.

After our comprehensive inspection in May 2019, we rated this core service as requires improvement overall. In response to concerns raised in late 2020 early 2021 we carried out a further responsive focussed inspection in February 2021. We re-rated this core service as Inadequate overall and issued warning notices.

To get a representative sample of evidence across the service we visited the Assessment and ICU ward, Continuing care ward, Rehabilitation ward and the Lodges at Wathwood Hospital; Ridgeway, Cannock, Foxton, Coniston and Thornton wards at Arnold Lodge; Porchester, Lister, Thurland and Seacole wards at Wells Road. We reviewed a range of data, reports, policies and procedures sent to us by the trust covering all wards in the service.

Our rating of this core service improved. We rated them as good because:

- Managers addressed all warning notices from 2021 at Wells Road. We reviewed their action plans, and it was evident they had addressed all the previous concerns. The action plan clearly demonstrated what was complete and work that was still in progress. It was evident on the wards we visited that there had been significant and positive changes in practice. We were assured that the trust had complied with the warning notice.
- We were pleased to see that managers across the service had addressed the requirement notices issued in May 2019.
- We were assured that managers had learnt lessons from the Warning Notices served at Wells Road. Managers used what they learnt to review service delivery and quality at Wathwood Hospital and Arnold Lodge. This resulted in changes to some of the practices and procedures at Wathwood Hospital and Arnold Lodge as well as Wells Road, as detailed below.
- The service had enough nursing and medical staff, who knew the patients and received basic training to keep people safe from avoidable harm.
- 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.

Our findings

- 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.
- There was strong and visible leadership in the service, staff morale was good and robust governance systems and processes enabled managers to ensure that they delivered a safe and good quality service for patients.

However:

- On Thornton ward there were 20 male bedrooms each with en suite toilets but shared shower rooms or bathrooms. There were three shower rooms and one bathroom to service the 20 bedrooms, but one shower room had been out of action for over two months. This was not adequate provision for 20 patients. who told us they often waited a long time to use the bathroom. This was a different issue to those raised at previous inspections.
- At Wathwood Hospital across all wards, we found brown staining below the water line in some toilets. This was due to stained limescale build up rather than lack of cleaning. While risk of infection from this was low the limescale staining could harbour germs. We advised the manager of this issue. After the inspection we were advised that the facilities department were going to change their limescale remover for a more effective product. This was a different issue to those found at our previous inspections.
- At Wathwood Hospital closed-circuit television had not yet been installed in courtyard areas of the wards. Managers told us that following the Mental Health Act Review visit the absence of closed-circuit television in the courtyard was escalated to the trust's blanket restrictions review meeting for ongoing review. In mitigation we saw that the trust was now considering this as part of their site improvement plans, and as soon as funds become available closed-circuit television will be installed in the courtyards. Individual risk assessments were in place for patients. The issue was discussed with patients in community meetings.
- We found opened, unlabelled food items in patient fridges on Thurland and Lister wards at Wells Road. This included an opened packet of ham on Thurland ward and opened jars of chutneys**.** This could prove to be hazardous to health.
- At Arnold Lodge there was not always enough staff to monitor the twin seclusion rooms. On four occasions they only had one staff member to monitor both rooms. While on Porchester ward at Wells Road, there was poor line of sight into the seclusion rooms, though the installation of closed-circuit television in these rooms would eliminate the issue.

How we carried out the inspection

During our inspection visit we:

- visited 13 wards and 10 clinic rooms across the service and looked at the accommodation and communal areas of the wards, we looked at the quality of the environment and saw how staff were caring for people
- spoke with 35 people who were using the service
- spoke with 10 relatives, who had family members using the service
- spoke with 10 senior managers
- spoke with 10 ward managers
- spoke with 38 other staff members including doctors, nurses, therapists, and healthcare support workers
- observed four multidisciplinary team care and treatment and handover meetings
- observed seven staff and patients' interactions
- reviewed 24 care and treatment records of people using the service

Our findings

- reviewed 42 prescription charts of people using the service
- reviewed prescribing practice and medicines management across the service
- looked at a range of policies, procedures, records and other documents relating to the running of the service.

You can find further 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.

What people who use the service say

Patients told us they were "not worried about violence or anything, it is friendly". "They feel safe during the day and at night".

A patient told us "I have met the advocate face to face, and she is friendly and understanding. I can have 1:1 session whenever you want". Another patient told us "I know my named nurse and am happy with the care I receive. I attend psychologist appointments on a weekly basis. I work in the coffee bar once a week and do shop management work on a computer twice a week".

Another patient told us he was following a fish diet; he said, "kitchen staff are particularly good and try and give you what you want to eat. I have a different meal for lunch and dinner. The pudding is okay and there is a choice of different foods for other patients".

Patients were positive about the activities available on the ward saying, "there is a pool table and a games console". "We have ward timetables showing what activities we can join such as cooking, going to the gym, visiting the coffee bar, television and video players. The timetables are updated on a weekly basis". "Each of us has an individual timetable to help us get well again". Another patient confirmed "we can have televisions and gaming in our rooms if our risk allows this".

At Wathwood Hospital patients told us "We have access to gardening at the allotment, farm visits, and escorted leave to Christmas markets and restaurants". Other patients said, they had "access to education courses through the onsite recovery college, voluntary dog walking at a nearby animal sanctuary and a new wellbeing therapy group had started on the ward one evening a week".

Carers said they were mostly happy with the care and treatment provided by the service. Staff seemed very approachable and listened to any concerns. They tried to sort out problems before they become an issue.

Six out of ten carers said they knew about the carers forums and how to give feedback to the service.

However:

Patients told us that occasionally short staffing meant they "have to wait longer for things, for example, if you want to go into the kitchen or hospital shop".

Other patients said that COVID-19 had made family visits difficult particularly when there was COVID-19 on the ward. While a carer said they were not allowed to see their relative for six weeks during a COVID-19 outbreak and because their relative did not like using the telephone or video calls they felt very cut off.

Our findings

Is the service safe?

Requires Improvement

Our rating of safe improved. We rated it as requires improvement.

Safe and clean care environments

Following our previous inspection in 2019, we issued a requirement notice stating that the trust must ensure systems are updated when changes are made to the care environment as a result of recommendations from environmental risk assessments. At this inspection we found the trust had now addressed this issue.

Following our previous inspection 2019, we issued a requirement notice stating that the trust must ensure staff use recognised tools to record patients' observations and must ensure that staff follow the trust's policies and procedures for the use of observation. At this inspection we found the trust had addressed this issue.

Except for some of the toilets at Wathwood hospital and a shower room on Thornton ward, all wards were safe, clean well equipped, well furnished, well maintained and fit for purpose.

Safety of the ward layout

Safety on all the wards significantly improved since our last visit. Staff completed and regularly updated thorough risk assessments of all wards areas and removed or reduced any risks identified. We saw up to date ligature risk assessments and audits for all the wards we visited including actions required to mitigate any risks. In response to a previous warning notice staff at Wells Road had carried out a line-of-sight audit and all required actions were complete.

Staff knew about any potential ligature anchor points and mitigated the risks to keep patients safe. All staff had easy access to a ward ligature hot spot map and documents relating to patients' access arrangements. Staff had access to ligature knives and received training on their safe use. The security nurse on each shift checked the ligature knives were in good condition for use. This was an improvement on our previous visit.

Staff could observe patients in all areas of the wards. Where blind spots were identified managers installed mirrors or closed-circuit television cameras. Staff identified a security 'hot spot' on all wards, his was an identified area in the communal area of the wards where optimal vision of all areas could be achieved. A staff member, usually the security nurse, was present at this spot for the duration of all shifts.

However, at Wathwood Hospital Closed Circuit Television had not yet been installed in courtyard areas of the wards. This had been identified as an action to address a potential blanket restriction identified at a Mental Health Act review visit to the Lodges in September 2021. To mitigate the risk the trust told us, and we saw, that at least one staff member was always present in the courtyard area whenever patients were using it. Staff and patients confirmed his happened. We were concerned that this could be a potential blanket restriction. However, we did not see any evidence that patients had been prevented from using the courtyards when they wished to due to lack of staff to observe them. Risk assessments we reviewed showed patients had individual risk assessments for accessing the courtyards. In addition, this practice was escalated to the Trusts blanket restrictions review meetings for ongoing review. The Trust was also considering this as part of their site improvement plans, and as soon as funds became available Closed-Circuit Television would be installed in the courtyards.

Our findings

All wards were either male or female and complied with guidance and there was no mixed sex accommodation.

Staff used either paper based or electronic recording for patients' observations. Where electronic recording was used this was recorded in real time and linked directly to the electronic patient record system. This was improvement on our last visit in 2021.

Security and key management within the service was excellent. Each hospital had its own staffed security office at the main entrance. Staff had easy access to alarms and patients had easy access to nurse call systems. All new staff, including bank and agency staff, went through a thorough security training and orientation with one of the security staff before they could be issued with biometric access to keys, fobs and alarms. All visitors to the wards were always escorted and so did not have access to the keys.

Maintenance, cleanliness and infection control

At a previous inspection in 2019 we issued a requirement notice stating that the ward environments must be clean, secure and well-maintained. Specifically, staff did not keep accurate records of the cleaning schedules. Staff did not always undertake routine maintenance of equipment. Staff did not complete accurate checks of emergency equipment to ensure it was safe to use and not all staff were trained in the proper use of emergency equipment. At this inspection we found the trust had now addressed these issues.

Cleanliness and infection control in the service was good. However, we did find some maintenance issues that were not present at previous inspections.

Patient led assessment (PLACE) scores at end of 2019 showed cleanliness at Wells Road was 99%, at Wathwood 97% and Arnold Lodge 98%. These scores were in line with the national average of 98%. Condition, appearance and maintenance at Wells Road was 98%, at Wathwood 97% and at Arnold Lodge 95%, in line with the national average of 96%.

At Wathwood Hospital, we found brown staining below the water line in some toilets on all wards. This was due to stained limescale build up, a maintenance issue, rather than lack of cleaning. The inspection team raised this with managers who confirmed that this would be rectified with immediate effect. We later found out that the estates department had been using a different limescale toilet cleaner that was not as effective as the previous brand had been. Staff escalated this to the facilities department who were planning to source a more effective limescale remover.

On Thornton ward there were 20 male bedrooms each with en suite toilet and basin, but they shared communal shower rooms or bathrooms. There were three shower rooms and one bathroom on the ward to service the 20 bedrooms. However, one shower room had been out of action for over two months. Patients experienced long delays waiting to use the remaining two showers' rooms and one bathroom. Patients told us they were not happy that they could not access the shower rooms without long waits. We saw evidence that maintenance were aware of this and nurses had followed up the repair but due to the shower room requiring structural remedial work to improve ventilation and replace some of the sanitary ware there was undue delay. Whilst there is no specific guidance for the required number of bathrooms on a ward where patients have their own toilet facilities, given the concerns of patients we did not consider this adequate shower or bathing provision for 20 patents and the impact was not acceptable.

On Thurland ward at Wells Road only four of the 20 bedrooms were en suite, and the remaining sixteen patients shared four communal shower rooms. Staff had recognised that if COVID19 positive patients could not be allocated to one of the en suite rooms, it was not possible for them to fully isolate as they had to access the communal bathroom and toilet

facilities. However, there was no evidence to show that anyone had become infected with COVID19 from use of the shared shower rooms. To reduce the likelihood of this happening and to reduce the chances of cross infection staff ensured that all toilet, shower and bathrooms were sanitised and ventilated between use. The impact of this was that patients needed to wait longer to access the facilities while they were cleaned.

Staff made sure cleaning records were up-to-date and the premises were clean. We saw numerous cleaning records for all the wards and clinic areas. We also saw two hourly touch spot cleaning records. Staff wiped down touch points such as door handles, chair backs and tables every two hours to ensure they remained as free of germs as possible.

Staff followed infection control policy, including handwashing. There were sanitising stations at the entrance to each ward and activity area with sanitiser and masks and clear notices reminding people to sanitise and change their masks when entering and leaving. There were clear instructions and sanitising stations in the entrances to each hospital for visitors, patients and staff to use.

On Thurland and Lister wards at Wells Road we found opened, unlabelled food items in patient fridges. This included an opened packet of ham on Thurland ward and opened jars of chutneys on Lister ward. As these were isolated incidents and staff told us they would resolve the issues straight away we considered this was something the provider should be aware of rather than a breach of regulation.

Seclusion rooms

All seclusion rooms across the service allowed clear observation and two-way communication. They all had a toilet, shower and a clock and were in good repair. Seclusion rooms had direct access to low stimulation areas.

Porchester ward did not have a seclusion room but they did have a low stimulus room, with an observation room attached. This room had poor line of sight from the observation room and no closed circuit television. We saw that the only way someone could view the whole room including either side of the doorway was if they craned their neck to see through the window. However, post inspection the provider advised us that they had conducted a line of sight audit for this area and improved the line of sight with the addition of an apex mirror.

The trust had a policy to guide staff practice around the use of seclusion. Seclusion records we sampled demonstrated that staff were using correct recording practice and reporting procedures.

Staff told us that on a few occasions at Arnold Lodge they had been observing the twin seclusion rooms on some wards with just one staff member rather than the two they should have as per trust policy. Managers confirmed this had happened on Foxton, Ridgeway and Rutland wards. Data submitted by the trust showed there were four occasions in total and for periods of between two and six hours, between November 2021 and January 2022 when, due to short staffing, patients using the rooms were being observed by just one staff member. Evidence showed that each of these occasions had been recorded as incidents and escalated to senior managers at the time as per the staffing policy.

The decision to have just one member of staff observing for the shortest possible time was made by the management team. Managers followed trust safe staffing guidance and based their decision on overall patient safety and highest direct need. On all occasions the on-site response team had been notified of this situation and asked to respond as a priority should additional support be required. Staff carrying out the observations were advised by ward managers or clinical team leads of the decision and the backup plan. The impact of this on patients was minimal as we saw that the

rooms were adjacent to each other, and one staff member would have clear lines of sight to both rooms. Based on the information we have outlined below we feel assured that the management team followed their protocols and made the safest decisions they could in the situations presented and therefore this is not a breach of regulation. During the inspection visit we also saw that when staff used their alarms to call for assistance, that assistance was quick to arrive.

To put these occurrences into context, data for November 2021 to January 2022 showed that at Arnold Lodge there had been:

24 incidents of seclusion in November 2021 involving nine different patients

11 incidents of seclusion in December 2021 involving 11 different patients

15 incidents of seclusion in January 2022 involving eight different patients

Therefore, the four instances identified accounted for 2% of all seclusions for the period November 2021 to January 2022.

Clinic room and equipment

Following our previous inspection in 2019, we issued a requirement notice telling the trust they needed to make sure that all staff had easy access to and knew how to use emergency equipment. Also, that staff must ensure all clinical equipment is checked in line with the trust's policy. During this inspection we found the trust had addressed these issued fully.

We visited 12 clinic rooms across the service. All clinic rooms were fully equipped, with accessible resuscitation equipment and emergency drugs that staff checked regularly. Staff confirmed they knew how to use the emergency equipment, and all had received additional refresher training. This was an improvement on our previous inspection visit.

Staff checked, maintained, and cleaned equipment. We saw audits confirming equipment was regularly checked and maintenance was in date, this was improvement on our last visit. Cleaning records demonstrated this equipment had been cleaned. Refrigerators used for medicine storage were clean well organised and all had temperature monitoring charts.

Safe staffing

At a previous inspection in 2019 we issued a requirement notice stating that the trust must ensure there are enough staff to support the safe and effective care and treatment of patients. At this inspection we found the trust had addressed this issue. Despite pressures on qualified staffing levels the trusts had initiatives in place to address any staff shortages. This meant the service had enough nursing and medical staff, who knew the patients and received basic training to keep people safe from avoidable harm.

Nursing staff

The service had enough nursing and support staff to keep patients safe.This was an improvement on our previous visits.

At 08 February 2022 the service had the following vacancy rates:

We reviewed data that showed Arnold lodge they had a qualified nursing establishment of 84 WTE with a vacancy rate of 39 WTE and a health care support worker establishment of 129 WTE with an over establishment of 5 WTE. At Wathwood

Our findings

the qualified nursing establishment was 50 WTE with a vacancy rate of 11 WTE and a health care support worker establishment of 60 WTE with an over establishment of 2 WTE. At Wells Road the qualified nursing establishment was 65 WTE with a vacancy rate of 20 WTE and health care support worker establishment of 63 WTE with an over establishment of 2 WTE.

Managers recognised they had a high number of qualified nursing vacancies, though Wathwood Hospital qualified nurse vacancy rate was better than the national average. To address this the trust had a program of safe staffing initiatives to retain and recruit staff including Workforce profiling designed to support a greater understanding and development / innovation of skill mix of staff on wards. 'Safer Staffing' posters to help support staff's understanding of their unique safer staffing profile and staffing establishments. A new safer staffing policy to revise how staffing information was captured, escalated and understood. Safer staffing dashboards gave managers oversight of all nurses sensitive safer staffing data, patient safety data, workforce data and rostering data. Managers carried out monthly thematic reviews of all safer staffing incidents, these were fed into the safer staffing group to identify key themes, risks, actions and project work required.

The service used known bank and agency nurses to support their substantive staff as required to ensure safety on the wards. The service only used bank and agency healthcare support workers to cover patients enhanced observation levels. Wathwood Hospital had its own bank of nurses and healthcare support workers. Managers made sure all bank and agency staff had a full induction and understood the service before starting their shift.

The service had reducing turnover rates. Arnold lodge was 6% in January 2022 compared to 14% in July 2021. Wathwood Hospital was 4% in January 2022 compared to 6% in July 2021, and Wells Road was 4% in January 2022 compared to 9% in July 2021.

Managers supported staff who needed time off for ill health.

While levels of sickness were increasing, we noted that there had been more staff isolating due to positive COVID-19 tests throughout December 2021 and into January 2022. Arnold Lodge was 8% in July 2021 compared to 12% in January 2022. Wathwood Hospital was 6% in July 2021 compared to 9% in January 2022, and Wells Road was 4% in July 2021 compared to 11% in January 2022.

Managers accurately calculated and reviewed the number and grade of nurses, nursing assistants and healthcare assistants for each shift. The last establishment review was in July 2021 and the next review was due January 2022. This was an improvement from out last inspection.

In the previous three months November 2021 to January 2022 there had been only four occasions when staffing had fallen into the bottom zone of the safer staffing ladder. On these occasions the situation was escalated to senior managers. There were revised escalation measures when staffing shifts proved problematic, and senior managers implemented staffing policy and made decisions based on staff and patient safety and patients' needs.

Ward managers could adjust staffing levels according to the needs of the patients. On Porchester ward we saw safer staffing information clearly explaining how shift allocation was worked out based on bed occupancy thresholds and acuity thresholds. It also identified additional staff who could support shifts for breaks including activity co-ordinators, occupational therapists, ward managers and unit co-ordinators.

At our previous inspection in 2021 we issued a warning notice stating that all patients must be offered regular one to one named nursing sessions. At this inspection we found this notice had been fully met. Daily care records, staff and patient

Our findings

interviews confirmed that all patients were receiving regular one to one session with their named nurse. Patients also told us that they felt comfortable approaching any staff for an informal chat in between sessions. Where a named nurse may need to be off duty patients were offered an alternative person of their choice to undertake their one-to-one discussion if this is what they wanted.

Patients rarely had their escorted leave or activities cancelled, even when the service was short staffed. Patients daily care records confirmed this.

The service had enough staff on each shift to carry out any physical interventions safely.

Staff shared key information to keep patients safe when handing over their care to others. Handover reports from one ward to another showed this.

Medical staff

The service had enough daytime and night-time medical cover and a doctor available to go to the ward quickly in an emergency.

At Wathwood Hospital the medical staff were allocated to the patient and followed their care pathway through the hospital to discharge, while at Arnold Lodge and Wells Road the medical staff were allocated to the wards.

Managers could call locums when they needed additional medical cover.

Managers made sure all locum staff had a full induction including security training and orientation and understood the service before starting their shift.

Mandatory training

At a previous inspection in 2021 we issued a warning notice stating that all staff who were supporting patients must have up to date physical intervention training for their own safety. While the service had not fully met the warning notice as not all staff received the training, we found the trust had made significant progress towards achieving full compliance and the reasons given for not meeting the target were valid.

At this inspection we found Wells Road compliance rate was now 78% for managing violence and aggression (MVA) and 92% for personal safety and protective thinking (breakaway). While at Arnold Lodge the compliance rate for MVA was 93% and at Wathwood Hospital it was 88%. Managers explained that in respect of Wells Road some of the extra training, including annual block training planned for October and November 2021 had to be cancelled at times due to staff and some patients contracting COVID19 and wards needing to isolate. However, data reports also showed that this training was being closely monitored by senior managers monthly and all staff that still needed to complete their annual updates now had dates booked in.

Staff had completed and kept up to date with most other mandatory training. Overall total compliance rate for the service was 86%. Basic life support 100%; Personal safety and protective thinking (breakaway) 96% this course included talk first; care program approach 85%; clinical risk assessment and management 86%; Equality and diversity 87%; Fire safety awareness 86%; Hospital (Immediate) life support 87%; Information governance 85%; Infection control 92%; Manual handling and back care 85%; Mental Capacity Act 80%; Mental Health Act 83%; Management of violence and aggression 83%; Promoting safer and therapeutic services 98%; Safeguarding adults – think family L3 78%; Safeguarding children – think family L3 85%; Security Induction 92%; Smoking cessation L1 94%; Suicide Awareness and self-harm 86%.

Our findings

The mandatory training programme was comprehensive and met the needs of patients and staff.

Managers monitored mandatory training and alerted staff when they needed to update their training through personal email and supervision.

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 trust's restrictive interventions reduction programme.

Assessment of patient risk

We reviewed 24 patients' records. All records showed staff completed risk assessments for each patient on admission. We saw that Wells Road used the Trauma risk incident and management tool (TRIMS), while Arnold Lodge and Wathwood used the short-term assessment of risk and treatability tool (START). We saw emphasis was placed on both historical and current risk assessment as reported by the referrer. Risk assessments were reviewed at regular multidisciplinary care and treatment reviews that involved patients.

Management of patient risk

Staff knew about individual risks for each patient and acted to prevent or reduce risks. We saw patient information sheets in the ward offices summarising individual risks, along with a risk safety chart to manage risk and to determine what areas of the ward patients could access if their individual risk profile changed.

We saw that patients had contingency plans rather than crisis plans. Staff co-produced these plans with patients and included the patients personal relapse signatures (early warning signs that may indicate a deterioration of mental health). Staff encouraged patients to recognise their own relapse signatures and identify their own strategies for coping with distress or relapse at an early stage.

Staff identified and responded to any changes in risks to, or posed by, patients. Staff gave comprehensive feedback about patients' current risk at handover meetings and updated information accordingly.

Staff could observe patients either visually or on closed circuit television in all areas of the wards. Where closed circuit television cameras were not present, such as in the courtyards at Wathwood Hospital, staff followed procedures to minimise risks.

Staff followed trust policies and procedures when they needed to search patients or their bedrooms to keep them safe from harm.

Use of restrictive interventions

Following previous inspections in 2019, we issued requirement notices relating to the need for better physical health observation during episodes of rapid tranquilisation, and the need for staff to use correct tools to record patients' observations. At this inspection we saw evidence showing that managers had fully addressed both issues.

Our findings

Staff explained how they received refresher training and changed practice to ensure all physical health checks of patients after an episode of rapid tranquilisation were recorded correctly and in line with code of practice. We saw evidence of staff auditing physical observation records.

The trust recently introduced electronic recording of observation levels. Staff confirmed they liked this system as it allowed for more timely updates and was easier than carrying sheets of paper. Managers explained that as entries were recorded in real time, they could easily see that observations were completed correctly. We saw examples of staff having carried out audits of observation records and where there had been omissions such as one record showing a staff member had not initialled a record, the action required was documented and confirmed.

The service had increasing numbers of restraints. Managers were aware of this, and we saw how they were monitoring the situation. Managers explained that several different holds can be applied in any one incident. As a trust they record each individual hold used in any single incident not just the incident itself. This means that their restraint data can appear higher than other Trusts.

Medical staff explained the increase in restraints was due to several new patients exhibiting higher levels of acuity. We reviewed a report produced by staff at Arnold Lodge in relation to three patients who identified rapid tranquilisation as their treatment of choice to help when in distress. This accounted for the high number of incidents involving rapid tranquilisation compared to the other two locations. We heard how this was under review as part of the trusts managing restrictive practice at senior manager level and was a standard item on the directorate governance agenda.

At Wathwood Hospital for the period 01 July 2021 to 31 January 2022 there were 62 restraints involving 24 different patients. Fifteen of the prone restraints occurred as it was the safest way to manage the patient’s behaviour at the beginning of the intervention. It was evident that staff followed their training and kept patients in the prone position for the least amount of time possible to maintain the patient’s safety. One prone restraint resulted in rapid tranquilisation. This compared to 44 restraints for the period 01 January 2021 to 30 June 2021.

At Wells Road, and for the same period there were 145 restraints involving 27 different patients. Twenty of the restraints were prone position and 20 resulted in rapid tranquilisation. This compared to 175 restraints for the period 01 January 2021 to 30 June 2021.

At Arnold Lodge for the same period there were 372 restraints involving 43 different patients. Seventy-four of the restraints were prone position and 84 resulted in rapid tranquilisation. This compared to 254 for the period 01 January 2021 and 30 June 2021.

Staff participated in the trust’s restrictive interventions reduction programme, which met best practice standards. The trust held monthly reducing restrictive practice governance meetings that looked all aspects of restrictive practice including restraint, seclusion and blanket restrictions.

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. This was evidenced in daily care notes, handover meeting notes, staff and patient interviews.

Eighty percent of staff had completed Mental Capacity Act training. Staff we spoke with understood the Mental Capacity Act definition of restraint and worked within it.

Our findings

Staff followed National Institute for Health and Care Excellence (NICE) guidance when using rapid tranquilisation. This was demonstrated on medicine records along with dates and times that the doctor attended to review patients after rapid tranquilisation.

Records we reviewed showed that when a patient was placed in seclusion, staff kept clear records and followed best practice guidelines.

Staff followed best practice, including guidance in the Mental Health Act Code of Practice, if a patient was put in long-term segregation. At the time of our inspection there was one patient in long term segregation on Lister ward. They had been in segregation for 228 days. A previous Mental Health Act review visit confirmed that staff kept accurate records for any patients in long term segregation. The trust submitted documents for the patient on Lister ward. These documents clearly showed how staff were following the Mental Health Act code of practice for long-term segregation.

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.

Seventy eight percent of staff received training in level three safeguarding adults, and eighty five percent of staff received training in level three safeguarding children. The training included how to recognise and report abuse and was appropriate for their roles.

Staff kept up to date with their safeguarding training. Safeguarding training was offered in house and staff received emails when their refresher training was due. There were safeguarding leads on all wards and social workers on hand to give support and advice to staff when required.

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.

Data for 01 November 2021 to 31 January 2022 showed that Arnold Lodge reported 50 safeguarding concerns compared to 36 in the previous quarter. For the same period Wathwood Hospital reported 17 safeguarding concerns compared to nine the previous quarter, and Wells Road reported 14 safeguarding concerns compared to 13 the previous quarter. The increase in safeguarding was in line with the increased incidents on all the wards due to the complexity of newly admitted patients.

Staff followed clear procedures to keep children visiting the ward safe.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. Managers took part in serious case reviews and made changes based on the outcomes, for example clarifying the role of the social worker in investigations.

Staff access to essential information

Staff had easy access to clinical information, and it was easy for them to maintain good quality clinical records.

Our findings

We reviewed 24 patient care records. The records were comprehensive, all staff could access them easily and they were stored securely.

Staff made sure paper records for key patient information such as Positive Behaviour Support plans, at a glance risk and access information, patients likes and dislikes and patient photographs, was up to date.

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

Medicines management

Following a previous inspection in 2019, we issued a requirement notice stating that the trust must ensure that staff follow best practice when storing, dispensing, and recording the use of medicines, including rapid tranquilisation. At this inspection we saw how the trust had addressed these issues fully. At this inspection we saw how staff now 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.

We reviewed 43 patient prescription charts and observed four medicines administration sessions. We saw how staff carried out regular audit of medicines management, and pharmacists who attended weekly carried out checks of prescribing practice and additional checks of clinic and medicines audits. Eight prescription charts showed where the pharmacist had found minor errors such as an unclear signature, unclear instruction or unsigned instruction. On all occasions there were notes alongside to show how the error had been corrected, by who, and when.

Staff followed British National Formulary guidance and systems and processes to prescribe and administer medicines safely.

Staff reviewed each patient's medicines regularly and provided advice to patients and carers about their medicines. We also saw medicines information leaflets in six languages.

Staff completed medicines records accurately and kept them up to date.

Staff stored and managed all medicines and prescribing documents safely.

Staff followed national practice to check patients had the correct medicines when they were admitted, or they moved between services.

Staff learned from safety alerts and incidents to improve practice. The safety alerts file was kept in the clinic room, and we saw it had been updated.

The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines.

Staff reviewed the effects of each patient's medicines on their physical health according of National Institute for Health and Care Excellence (NICE) guidance.

Our findings

Track record on safety

Following a previous inspection in 2021 we issued a warning notice stating that the trust must ensure lessons learnt are shared with staff following incidents. At this inspection we saw the trust was now doing this. We found that the service now managed patient safety incidents well. Staff recognised incidents and reported 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.

Reporting incidents and learning from when things go wrong

Data for the period 01 November 2021 to 31 January 2022 showed the following numbers of incidents by category. Arnold Lodge 1189 incidents compared to 1064 in the previous quarter. Of the 1189 incidents 733 were level one- no harm; 103 were level two- minor/low minimal harm and 353 were ungraded. In January 2022 Arnold Lodge had 184 incidents waiting for a manager's form sign off. Wathwood hospital had 417 incidents compared to 465 in the previous quarter. Of the 417 incidents 357 were level one- no harm; 40 were level two-minor/low minimal harm and 20 were ungraded. In January 2022 Wathwood Hospital had three incidents under review and 10 incidents waiting for managers form sign off. Wells Road had 336 incidents compared to 323 in the previous quarter. Of the 336 incidents, 149 were level one- no harm; 123 were level two- minor/low minimal harm and 64 were ungraded. In January 2022 Wells Road had two incidents under review and 38 incidents waiting for a manager's sign off.

The electronic recording system showed staff knew what incidents to report and how to report them. Staff had raised concerns and reported incidents and near misses in line with trust policy.

Staff had categorised and reported serious incidents clearly and in line with trust policy.

Staff understood the duty of candour. Outcomes from incident investigations showed staff were open and transparent and gave patients and families a full explanation when things went wrong.

Managers routinely offered debrief and support to staff and patients immediately after an incident and again at 72 hours and 2 weeks following any serious incident. Staff and patients knew who they could go to for debrief at any time.

Managers investigated incidents thoroughly. Patients and their families were involved in these investigations as appropriate.

Managers identified lessons learned from internal and external investigations through their governance meetings. Managers gave staff feedback in the form of handovers or one to one session, while patients received feedback from their named nurse.

Staff met at team meetings to discuss the feedback and look at improvements to patient care. There was evidence that changes had been made because of feedback for example patients access to the courtyards needing to be observed, and the need for the security staff member to physically check all ligature cutters on each ward on each shift.

Managers shared learning about never events, from within and external to their location, with their staff and across the trust.

Our findings

Is the service effective?

Good

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

Assessment of needs and planning of care

Staff assessed the physical and mental health of all patients on admission. They developed individual care plans which were reviewed regularly through multidisciplinary discussion and updated as needed. Care plans reflected patients' assessed needs, and were personalised, holistic and recovery oriented. They included specific safety and security arrangements and a positive behavioural support plan.

We looked at 24 patients care records, six of which we tracked through the daily care notes and incident reports. Staff completed a comprehensive mental health assessment of each patient either on admission or soon after. Staff regularly reviewed and updated care plans when patients' needs changed. Care plans were personalised, holistic and goal orientated.

All patients had their physical health assessed soon after admission and regularly reviewed during their time on the ward. The service had a specific physical healthcare team at each hospital. This team was staffed by physical healthcare professionals including GP and registered general nurses. They provided physical healthcare services to the wards, specific healthcare advice for patients and support, advice and training for staff on the ward.

Staff developed a comprehensive care plan for each patient that met their physical health needs. This plan included the patients preferred treatment options and expert advice from the physical healthcare team where required.

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 used recognised rating scales to assess and record severity and outcomes. They also participated in clinical audit, benchmarking and quality improvement initiatives.

Staff delivered care in line with best practice and national guidance from National Institute for Health and Care Excellence (NICE). The service had access to a full range of therapists to deliver care and treatment. Psychologists worked from a central base and alongside the psychiatrists' following patients through the service, while occupational therapists and social workers were ward based.

Staff identified patients' physical health needs and recorded them in their care plans. Staff made sure patients had access to physical health care, including specialists as required. Where patients had physical health needs staff referred to the physical healthcare team for specialist advice and support. This team included general practitioners and nurse practitioners.

Staff met patients' dietary needs and assessed those needing specialist care for nutrition and hydration. Where necessary we saw food and fluid charts were maintained.

Our findings

Staff helped patients live healthier lives by supporting them to take part in programmes or giving advice. We saw that on both the weekly group therapy sessions and individual activity programs there was strong focus on developing healthy relationships, healthy living, support for smoking cessation and general health and wellbeing activities.

Staff used recognised rating scales to assess and record the severity of patients' conditions and care and treatment outcomes. Scales included model of human occupation screening tool, hospital anxiety and depression scales, recovery star, and model of creative ability.

Staff used technology to support patients. Such as the electronic observation forms, mobile applications to support healthy living and mobile translation applications.

Staff took part in clinical audits, benchmarking and quality improvement initiatives. We saw how the occupational therapist produced monthly audits and reports for governance meetings to demonstrate effectiveness of group programmes and promote the value of occupational therapy in its many forms. They produced an annual report for the board of governors. We saw evidence of how managers used results from audits to make improvement, such as deciding to continue to allocate specific occupational therapists to each ward and amending and changing activity programs to meet changing requirements.

Skilled staff to deliver care

At a previous inspection in 2021 we issued a warning notice stating that all staff must be provided with regular, good quality one to one supervision. At this inspection we found the trust were now compliant in this. The ward teams included or had access to the full range of specialists required to meet the needs of patients on the wards. Managers made sure they had staff with the range of skills needed to provide high quality care. They supported staff with appraisals, supervision and opportunities to update and further develop their skills. Managers provided an induction programme for new staff.

We saw that managers were supporting all staff through regular, one to one, constructive clinical supervision of their work. Data showed that at Arnold Lodge between January 2021 to December 2021 supervision had stayed steady at around 90%; at Wells Road it had risen from 70% in January 2021 to 86% in December 2021; and at Wathwood Hospital it had risen from 91% in January 2021 to 98% in December 2021.

We saw that supervision was now recorded on the trust's standard supervision template before the supervision date was logged on the trusts electronic data base. Staff we spoke with confirmed they received clinical and managerial supervision in line with policy and did have copies of their supervision notes.

Managers supported medical and therapy staff through regular, constructive clinical supervision of their work. Evidence showed that medical and therapy staff had their own professional supervision networks and we saw how their supervision was completed in line with their regulatory bodies the General Medical Council (GMC) and the Health and Care Professions Council (HCPC), as well as trust policies.

Managers supported permanent non-medical staff to develop through yearly, constructive appraisals of their work. Data showed that at January 2022 the compliance rates for each location were Wells Road 76%; Arnold Lodge 84% and at Wathwood Hospital 90%. All medical staff had been through accreditation.

Managers used supervision and appraisal to identify staff training needs and gave them the time and opportunity to develop their skills and knowledge. Managers recognised poor performance and used supervision to identify the reasons and dealt with these.

Our findings

The service had a full range of specialists to meet the needs of the patients on the ward. Roles included psychologists, occupational therapists, social workers and specialist support staff such as educators, horticulturists, technical instructors and activity co-ordinators to deliver a range of care and treatment suitable for the patients in the service.

Managers ensured staff had the right skills, qualifications and experience to meet the needs of the patients in their care, including bank and agency staff. Staff were upskilled to take on lead roles such as managing violence and aggression (MVA) trainers, safeguarding leads and carers liaison. The service was keen to develop staff skills to make best use of staff's specific expertise and offer career progression, such as associate nurse post and senior healthcare support worker roles. Where identified additional and specialist training was provided such as dialectical behaviour informed interventions, trauma support and motivational interviewing.

Managers gave each new member of staff a full induction to the service before they started work. Induction included orientation to the ward and shadowing experienced staff before taking on their own responsibilities.

Managers made sure staff attended regular team meetings and safety huddles or gave information from those they could not attend.

Multi-disciplinary and interagency teamwork

Staff from different disciplines worked together as a team to benefit patients. They supported each other to make sure patients had no gaps in their care. The ward teams had effective working relationships with other relevant teams within the organisation and with relevant services outside the organisation and engaged with them early on in the patient's admission to plan discharge.

Staff held regular multidisciplinary meetings to discuss patients and improve their care. We observed four of these meetings and saw how they were well attended by a range of professionals, patients' social workers, commissioners, carers and patients.

Staff made sure they shared clear information about patients and any changes in their care at ward rounds and during shift handover meetings and transfers between wards.

Ward teams had effective working relationships with other teams in the organisation. For example, the safeguarding team, mental health act administration, and physical healthcare department.

Ward teams had effective working relationships with external teams and organisations. For example, commissioners, social workers voluntary societies and housing associations.

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

Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Health Act Code of Practice and discharged these well. Managers made sure that staff could explain patients' rights to them.

Eighty three percent of staff received and kept up to date with training on the Mental Health Act (MHA) and the Mental Health Act Code of Practice. Staff we spoke with could describe the Code of Practice guiding principles.

Staff had access to support and advice on implementing the Mental Health Act and its Code of Practice. Staff knew who their Mental Health Act administrators were and when to ask them for support.

Our findings

The service had clear, accessible, relevant and up-to-date policies and procedures that reflected all relevant legislation and the Mental Health Act Code of Practice.

Patients had easy access to information about independent mental health advocacy and patients who lacked capacity were automatically referred to the service.

Staff explained to each patient their rights under the Mental Health Act in a way that they could understand, repeated as necessary and recorded it clearly in the patient's notes each time.

Staff made sure patients could take section 17 leave (permission to leave the hospital) when this was agreed with the Responsible Clinician and/or with the Ministry of Justice.

Staff requested an opinion from a Second Opinion Appointed Doctor (SOAD) when they needed to.

Staff stored copies of patients' detention papers and associated records correctly and staff could access them when needed.

Informal patients knew that they could leave the ward freely and the service displayed posters to tell them this.

Care plans included information about after-care services available for those patients who qualified for it under section 117 of the Mental Health Act.

Managers and staff made sure the service applied the Mental Health Act correctly by completing audits and discussing the findings.

Good practice in applying the Mental Capacity Act

Staff supported patients to make decisions on their care for themselves. They understood the trust policy on the Mental Capacity Act 2005 and assessed and recorded capacity clearly for patients who might have impaired mental capacity.

Eighty percent of staff received, and were consistently up to date, with training in the Mental Capacity Act and had a good understanding of at least the five principles.

There were no deprivations of liberty safeguards applications made in the last 12 months.

There was a clear policy on Mental Capacity Act and deprivation of liberty safeguards, which staff could describe and knew how to access. Staff knew where to get accurate advice on the Mental Capacity Act and deprivation of liberty safeguards.

Staff gave patients all support to make specific decisions for themselves before deciding a patient did not have the capacity to do so. Staff assessed and recorded capacity to consent clearly each time a patient needed to make important decisions.

When staff assessed patients as not having capacity, they made decisions in the best interest of patients and considered the patient's wishes, feelings, culture and history.

Our findings

While there had not been any applications for a Deprivation of Liberty Safeguards orders, managers could explain how they would monitor the progress of such applications if they needed to.

The service monitored how well it followed the Mental Capacity Act and made changes to practice when necessary. Managers carried audit to monitor compliance with Mental Capacity Act and used these findings when they needed to make changes to improve

Is the service caring?

Good

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

Kindness, privacy, dignity, respect, compassion and support

Following our last inspection in 2021 to Wells Road we issued warning notices relating to staff's inappropriate language when speaking with patients. Staff did not regularly involve families and carers in the support and care of their relative. At this inspection we found both issued had been addressed.

We spoke with 35 people using the service.

Staff supported patients to understand and manage their own care treatment or condition. Staff gave patients information in formats they could understand to enable them to make informed decisions. The recovery college modules supported patients to understand their mental health conditions and recognise what strategies helped them most to manage their health conditions for themselves.

Staff directed patients to other services and supported them to access those services if they needed help. Staff understood and respected the individual needs of each patient.

Staff felt that they could raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes towards patients.

Staff followed policy to keep patient information confidential. At Wells Road, we observed a member of staff refer to "problematic patients" during a multidisciplinary meeting. This was raised with the ward manager who assured us the matter would be addressed with the staff member. We saw throughout the service that a lot of successful work, including discussion and training had been done around changing culture and staff attitudes towards patients, being more inclusive and accepting of diversity. Given this and that we believe this to be an isolated incident, proportionality would suggest that this is something the provider should be aware of rather than a further breach.

Except for the above incident, on all other wards we saw that staff were discreet, respectful, and responsive when caring for patients. Staff gave patients help, emotional support and advice when they needed it. Patients and carers told us they felt staff respected them and understood their needs. Patients said staff treated them well and behaved kindly. We observed many professional and positive interactions between staff and patients while we were on the wards.

Our findings

Involvement in care

At our last inspection in 2021 we issued a warning notice stating that staff must review all actions from community meetings and take appropriate action and provide patients with an update at the start of each meeting. On this inspection we saw how this issue had been addressed.

There had been significant improvement with patients and carers involvement in care since our last visit. Staff now 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

Community meetings were held regularly and well attended by staff and patients. Minutes and previous actions were considered at the beginning of every meeting. We observed two community meetings and at both where issues raised could not be resolved staff were open and honest why this could not be done. Minutes of community meetings showed how actions were followed up and what staff had done. We saw feedback bulletins on notice boards explaining what had been raised and how it had been addressed.

Managers had joined the National Service User Awards Programme and encouraged patients to attend when possible. The conference was delivered face to face and remotely to capture as many delegates as possible. This was an annual conference organised by another provider that culminated in recognising and celebrating projects around the country that had significant involvement from patients to improve care. Categories included Health and Wellbeing; Excellence in co-production; Breaking down barriers; Recovery and the Arts.

We saw the latest copy of 'The Peer Focus', highlighting the work of the peer support workers and the carers peer support workers. The copy we saw, which had been widely circulated, was promoting the role of peer's support and how the trust funded opportunities for new peer support workers to join the team.

Staff introduced patients to the ward and the services as part of their admission. Unless they were urgent admissions new patients were encouraged to visit the hospitals for a day or two before accepting a placement. Staff gave new patients information leaflets about the service, the facilities and the wards before and after they accepted a placement.

Staff involved patients and gave them access to their care planning and risk assessments. We saw co-produced risk assessments and Positive Behavioural Support plans. Weekly activity plans were co-produced with staff and patients. Individual activity plans were formulated with the patients based on their identified preferences. Where patients had not been able to identify any preferences, they were offered a range of different activities to try so they could make informed decisions about what activities they enjoyed most.

Staff made sure patients understood their care and treatment and found ways to communicate with patients who had communication difficulties. We saw how staff used easy read materials where necessary and gave patients the same information at different times of the day to ensure they were catching the patients when they were able to concentrate.

Staff involved patients in decisions about the service, when appropriate. We saw newsletters and posters about the patient's forums and heard from staff and patients how some patients had been trained to take on ward representative roles. Patients were involved in recruitment of key posts in the service.

We saw evidence of the peer support worker program promoted in the service. A program whereby ex-patients were trained to be able to work alongside and support patients on the wards in many ways, such as buddying up and a point of contact.

Our findings

Staff supported patients to make advanced decisions on their care. Staff made sure patients could access advocacy services to help them with this and other issues they may want to discuss with someone external to the service.

Involvement of families and carers

Staff informed and involved families and carers appropriately.

We spoke with ten relatives.

Staff supported, informed and involved families or carers. There was a carers liaison manager whose role was to ensure there were effective system and processes in place to make sure carers were involved as much as possible. The liaison manager facilitated the carers forums and support groups, and each hospital had its own version of the carer's forum bulletin or newsletter. There were carers leads on each ward to support the liaison manager.

Staff helped families to give feedback on the service. We saw carers feedback in the form of surveys, letters and cards.

Nine of the carers we spoke with were complimentary about the care their relative received in the service. However, only seven of them knew about the carer's forums, and one carer stated that the ward could do better with communicating changes to care plans to the family. Three carers told us they did not always receive a copy of their relative's care plan after each ward round and had to ask for this. However, upon checking records we found that this was usually when patients had declined to have their information shared with family and carers. In such cases staff only released the information if the patient wanted to reconsider their decision to share specific information with carers.

Staff gave carers information on how to find the carer's assessment. Three carers told us that their main point of contact was the ward social worker who had directed them to community support and arranged for them to have carers assessments. One carer, who lived a long way from the hospital told us how the social worker had helped them to secure some funding to enable them to visit their relative.

Is the service responsive?

Good

Our rating of responsive improved. We rated it as good.

Access and discharge

Staff planned and managed discharge well. They liaised well with services that would provide aftercare and were assertive in managing care pathways for patients who were making the transition to another inpatient service or to prison. However due to reasons outside the control of the trust, for example, limited national availability of medium and low secure beds, the service did have some delayed discharges.

Bed management

Managers were not always able to keep bed occupancy below 85%. This was due to national demand for secure beds.

Data showed that at Wells Road between February 2021 and January 2022 Porchester and Thurland wards had consistently been above 85%. At Wathwood Hospital the assessment unit, continuing care and rehabilitation unit were consistently above 85%. Whilst at Arnold Lodge all wards except Ridgeway had consistently been above 85%.

Our findings

When bed occupancy had risen above 85% managers ensured this was closely monitored, the matter was escalated to the directorate governance meeting and additional resources were allocated to the wards as required to reduce some of the extra burden on staff.

Managers regularly reviewed length of stay for patients to ensure they did not stay longer than they needed to. The service had no out-of-area placements. We were advised by the trust that patients were placed in this service by a provider collaborative, according to clinical need and bed availability across the East Midlands, as such the service did not send patients out of area for forensic treatment.

When patients went on leave there was always a bed available when they returned.

Patients were only moved between wards when there were clear clinical reasons, or it was in the best interest of the patient.

Staff did not move or discharge patients at night or very early in the morning.

Discharge and transfers of care

The service had a number of people who had experienced delayed discharges in the previous year. The trust described delayed discharges as patients identified by the clinical team as ready for consideration of move to lesser security and patients will be considered delayed three months from this date.

Managers monitored the number of delayed discharges. Data for period January 2021 to January 2022 showed there had been 36 people who experienced delayed discharges at Arnold Lodge. Wathwood Hospital had 64 people who had experienced delayed discharges, and Wells Road returned zero delayed discharges. This was a similar level to the previous year and comparable to other secure units around the country.

Managers confirmed that while the primary reasons for delaying discharge from the service were clinical. At Wathwood Hospital it had also proved difficult to secure appropriate discharge beds in the area.

Staff carefully planned patients' discharge and worked with care managers and coordinators to make sure this went well. Discharge destinations included high, and other medium and low secure settings, locked and open rehabilitation units, supported accommodation, back to prison, care home and other community settings.

Staff supported patients when they were referred or transferred between services and followed national standards for transfer.

Managers and staff worked to make sure they did not discharge patients before they were ready and discharge destinations were usually to less restrictive environments as patients progressed through treatment. We saw that discharge destinations included, transfer to other wards, transfer to other medium or low secure units, locked and open rehabilitation units, supported accommodation, return to prison, care home or other community setting.

Facilities that promote comfort, dignity and privacy

The design, layout, and furnishings of the ward supported patients' treatment, privacy and dignity. While most patients had their own bedroom with an en-suite bathroom on some ward's patients had to share showers, and at the Lodges all patients had to share bathroom and toilet facilities. All patients had secure places where they could keep their personal belongings safe. There were quiet areas for privacy. The food was of good quality and depending on individual risk assessments patients could make or request hot or cold drinks at any time.

Our findings

Each patient had their own bedroom, which subject to risk assessment they could personalise with their own duvet covers and pillows, TV or music systems, posters and photographs.

Patients had a secure place to store personal possessions. If individual risk assessments determined that patients could not have certain items in their bedroom's patients knew where these items were stored safely on the ward.

The service had a full range of rooms and equipment to support treatment and care. Staff and patients could access the rooms. The service offered extensive facilities both on site and off site such as recovery college, library, swimming pools, patients shop, hairdresser, therapy dog and gyms on site and greenhouses, allotments, farm shop and the farm off site.

The service had quiet areas and a room where patients could meet with visitors in private.

Patients could make phone calls in private.

The service had outside spaces that patients could access easily.

Depending on individual risk assessments patients could make or request hot or cold drinks at any time. The service offered a variety of good quality food and could meet specific dietary requirements.

Patients' engagement with the wider community

Staff supported patients with activities outside the service, such as work, education and family relationships.

Staff made sure patients had access to opportunities for education and work, and supported patients. Where patients risk assessment did not allow them to go off site staff tried to replicate education and work opportunities on the hospital site.

Staff helped patients to stay in contact with families and carers. We heard that through COVID-19 lockdown staff had tried to ensure that all patients had access to video calling or face time with their relatives. Ward rounds were held remotely to allow carers and other professionals to be involved in the care and treatment decision making process with the patients, staff and doctors.

Staff encouraged patients to develop and maintain healthy relationships both in the service and the wider community.

Meeting the needs of all people who use the service

The service met the needs of all patients – including those with a protected characteristic. Staff helped patients with communication, advocacy and cultural and spiritual support. Service planning ensured that all patients cultural, diversity and equality needs could be addressed. The trusts equality, diversity and inclusion team had produced a training plan for staff to ensure this was central to the day-to-day delivery of care and treatment.

Staff received comprehensive training around equality, diversity and inclusion. Training included both mandatory training and bespoke training to specific teams or areas across the division to support staff with their roles and responsibilities. Wards had equality, diversity and inclusion ambassadors and champions to support staff on a day-to-day basis.

The service could support and adjust for disabled people and those with communication needs or other specific needs. There were widened doorways and some, if not all, accommodation was on one level on the ground floor.

Our findings

We saw signage in six languages throughout the service and facilities such as toilets, bathrooms, and kitchens which were had written and pictorial.

Staff made sure patients could access information on treatment, local service, their rights and how to complain.

The service had information leaflets available in languages spoken by the patients and local community. Managers made sure staff and patients could get help from interpreters or signers when needed.

The service provided a variety of food to meet the dietary and cultural needs of individual patients. Patients led assessments of the care environment (PLACE) scores showed that at the end of 2019. Food and hydration at Wells Road was 91%, at Wathwood was 92% and Arnold Lodge was 91%, similar to the national average of 92%. Ward food at Wells Road was 100%, at Wathwood was 94% and Arnold Lodge was 97%, better than the national average of 93%. Privacy dignity and welling at Wells Road was 92%, at Wathwood was 82% and at Arnold Lodge 95% significantly better or similar to the national average of 86%. Disability access at Wells Road was 90%, at Wathwood was 86% and at Arnold Lodge was 75% again either better or similar to the national average of 82%.

Patients had access to spiritual, religious and cultural support.

Listening to and learning from concerns and complaints

Following a previous inspection in 2021, we issued a warning notice stating that the trust must ensure that all complaints are recorded accurately on the wards complaint tracker to ensure all complaints are investigated adequately. At this inspection we found the trust was now complaint with regulation relating to complaints. They had improved training, systems and processes to address complaints. We found 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.

Data for the twelve months prior to inspection showed there had been a total of 67 complaints about the service. Arnold Lodge received four complaints evenly spread across the wards. Wathwood received 55 complaints, the highest numbers were on the continuing care ward with 22 and the assessment ward with 15. Wells Road received eight complaints, four for Lister ward. Of the 67 complaints 10 had been resolved at local level, 23 complaints had been resolved satisfactorily and closed, seven complaints had been withdrawn, 17 complaints were not upheld, eight complaints were upheld, and two complaints were ongoing. There were no complaints with the ombudsman at the time of inspection.

Patients, relatives and carers we spoke with knew how to complain or raise concerns. We saw notices in the patient's areas explaining this, patients and carers we spoke with told us they knew how to make a complaint and received feedback after their complaints had been investigated.

Staff we spoke with understood the policy on complaints and knew how to handle them. Staff knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint.

Governance meeting minutes and reports showed how managers investigated complaints and identified themes.

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

Our findings

Managers shared feedback from complaints with staff and learning was used to improve the service. The service used compliments to learn, celebrate success and improve the quality of care. This was achieved through team meetings, news bulletins and the trusts e mail system.

Is the service well-led?

Good

Our rating of well-led improved. We rated it as good.

Leadership

Leaders had the skills, knowledge and experience to perform their roles. They had a good understanding of the services they managed and were visible in the service and approachable for patients and staff.

There was a strong leadership team within the forensic secure division. Staff we spoke said they knew their managers at ward level and within the senior management team.

Managers including the senior managers were visible on the wards and we saw several positive and genuine interactions between managers and patients. Discussions we overheard appeared to be relaxed and natural.

Managers told us about the leadership programs they could access and felt very supported by the senior management team. The senior management team worked well with the multidisciplinary team leads to ensure consistent messages and leadership was maintained.

Vision and strategy

Staff knew and understood the trust's vision and values and how they applied to the work of their team. We saw that the service had a strong identity and clear purpose.

Staff we spoke with understood the purpose of the service and how they contributed to the overall delivery of the service. Notices around the hospital sites clearly set out the trusts vision and goals. We saw several reports that set out the services strategy for the coming three years, reports showing how therapy services would develop over the next year, and a report setting out how equality, diversity and inclusion would continue to be embedded in practice.

Culture

Following our previous inspection in 2021, the service had been issued a warning notice stating that ward staff must be provided with adequate training regarding the whistleblowing process and the freedom to speak up guardian. Also, the culture on the ward must be reviewed to ensure patient care is of a high quality. On this visit we found the trust were now complaint with both issues.

Staff we spoke with said felt respected, supported and valued. They also told us about the trust's wellbeing programs that amongst other issues promoted the need for open conversations about equality, diversity and inclusion. Staff told us about the opportunities they had to progress in their careers and develop better job satisfaction through taking on lead and champion roles, upskilling to do more complex tasks within their grade such as security nurse and offering funding to train for nurse associate roles and registered nursing courses.

Our findings

Staff said they understood how to use the trust's whistleblowing process and had received additional training to understand more about the role of the Freedom to speak up guardians (FTSUG) and that they were based at the trust's main hub. Staff also told us about the FTSUG champions based on each unit and how they held fortnightly Freedom to Speak Up clinics – which were open to all staff. The FTSUG also did ward walks every second Friday of the month to remind people of their role and what they do and to have that visible presence, so people knew who they were.

Managers showed us how they were involved in the trust collaborative to widen scope for learning and sharing good practice. Staff told us how being active members of the collaborative encouraged them to be outward thinking and working rather than just inward looking.

Staff told us about the coffee and chat sessions with the service's general manager once a month. This was an open door for staff from across the unit to attend and talk to general manager regarding changes they felt were needed and the specific challenges they were facing.

Governance

At our previous inspection in 2021 we issued a requirement notice stating the trust must ensure that effective governance arrangements are in place to ensure systems are set up to monitor, review and improve practice. That governance systems provided assurance that the ward environments were always safe. That there were robust systems in place to ensure audits and outcomes from complaints were used effectively to identify issues and encourage improvement. That leaders must ensure all staff are provided with regular, good quality one to one supervision. At this visit we found the trust was now complaint with all of the above issues.

Whilst our findings from the other key questions demonstrated that governance processes were robust, operated effectively at team level and that performance and risk were managed well. We found on some occasions issues were not rectified as quickly as they should have been.

Managers submitted a monthly ward managers performance report to the divisional leads, this included details of audits undertaken including environmental audits and actions they had taken to rectify any area of concern and ensure the ward environments were safe. The report included what they had done to implement quality initiatives on their wards and how they were meeting divisional targets and objectives for improvement. The divisional governance meeting monitored these targets and actions for completeness. Where timeframes were slipping, they were able to discuss the reasons for this and make amendments accordingly.

We saw the minutes from local and divisional governance meetings and meetings and how some of the issues we heard about were included in those meetings.

However, there had been unacceptable delay with repair of the shower at Thornton ward.

We saw an extensive local, divisional and trust wide audit schedule. Managers had access to dashboard information that ensured they knew when audits and reports were due and could see at a glance when they were going out of date or if actions had not been followed up.

Data showed that there had been significant improvement in the compliance rates of supervision. Staff told us they received regular individual and peer group supervision. We saw the new supervision hierarchy and saw the quality of supervision on newly revised supervision recording forms. Staff told us they had received additional training for supervision as both a supervisee and a supervisor.

Our findings

The provider had improved staffing levels by introducing safer staffing initiatives. Including an extensive program of measures around governance and safer staffing of wards, giving senior managers responsibility to work together for ensuring wards were safely staffed across each site. Measures included the trust wide safer staffing group; twice weekly managers review and forecasting of staffing across all wards using staffing data to aid their decisions and upskilling staff to be able to work across wards. The service introduced a new staffing model based on a staffing ladder. This model showed the numbers of staff required for optimal staffing, numbers required for safe staffing and identified when numbers were not enough for safe staffing and required immediate escalation.

Management of risk, issues and performance

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

Managers had systems and processes in place to identify and address any risk issues as soon they arose. Staff were careful to monitor any risk to patients and knew how to escalate concerns to managers.

Patients' information was stored securely but still accessible to all staff who needed it.

Managers addressed any staff performance issues quickly and acted when required.

Information management

Staff collected and analysed data about outcomes and performance and engaged actively in local and national quality improvement activities.

Managers engaged in a range of quality improvement programmes. We saw evidence of monthly quality improvement meetings, where any new action plans were agreed and monitored.

We saw the minutes and records from a range of other meetings designed to ensure that good practice was shared within the division and with the trust, and where any challenges to delivering quality services could be addressed and resolved. Managers explained that it was their aim to genuinely embed quality into daily practice and not to just use the actions as a tick box exercise to sign off an action as quickly as possible.

We saw evidence that staff engaged in a range of audits using the information they gathered to make improvements.

Staff told us about other meetings they attended to ensure that information was processed and shared as efficiently as possible. The meetings included Daily communications meeting; Resources Meeting to discuss allocation of resources – staffing reallocated to wards that need it most; Lessons learnt; Quality Reviews; Incident review and action meetings; Senior managers meeting; Ward rounds and business meetings.

Engagement

Managers engaged actively other local health and social care providers to ensure that an integrated health and care system was commissioned and provided to meet the needs of the local population. Managers from the service participated actively in the work of the local transforming care partnership.

Mangers told us about their work as part of the trust collaboration and the Accreditation – Quality reviews with an internal accreditation scheme due to be released in April 2022. This will be a system of peer review of each other's service.

Our findings

Staff told us how they had strengthened links with local universities partly to promote the work of the service and partly to break barriers for potential new recruits to the service.

Medics engaged in the trust’s academic programme. This provided staff with the opportunity to present a complex case for discussion resulting in solutions for managing the patient’s care and needs.

Staff told us about the fairly recent collaboration they had engaged in with a high secure hospital to share good practice.

Learning, continuous improvement and innovation

Following our last inspection in 2021, we issued a warning notice stating that leaders must make better improvements and ensure the recovery plan is monitored regularly. At this inspection we saw the trust was now compliant with this.

We saw the most up to date quality improvement plan. This plan listed all the requirement notices issued in 2019 and the warning notices issued in February 2021, including what actions had been taken and how those actions had been followed up to ensure they were embedded in practice.

In addition to the quality improvement plan we also saw evidence of individual ward-based action plans that informed the overall quality improvement plan. Improvements included: Funding consultants to complete specialised Mentalised based treatment (MBT) for the treatment of personality disorder; The transitions project that is designed to help patients to transition from high secure to medium secure settings which involves encouraging patients from Arnold Lodge to talk to patients at a high secure hospital to help de-mystify some of the misconceptions they may have about Arnold Lodge and help patients transition with more confidence; Improved relationships between consultants within the division and the trust’s high secure hospital, staff told us this was proving to be very useful when considering how best to meet the needs of very complex patients.

Staff actively engaged in the trusts provider collaborative and psychiatrists were involved in the Quality network for forensic mental health services (QNFMHS). Staff explained the value of being a member of these networks. They found that taking part in the formative process of honest self-evaluation, was fully supported by the involvement of peers and was a valuable learning experience.

We saw evidence of the recently completed development review summary for Arnold Lodge. Some of the changes made because of this review included improvement of the seclusion facilities for females; staff being given time off duty to attend training rather than needing to do this as paid overtime outside of the normal working day; review of the quality and quantity of information provided in the new patient's information pack; more comfortable family visiting areas.

Managers identified the following as some of the areas identified for further development; enhanced linking with local universities to encourage students to visit the hospitals and promote the work of the service as part of the undergraduate programme; review of current handovers and how information is captured and shared; Providing opportunities for lunch and learn sessions, to allow staff to showcase good practice and current initiatives.

Our findings

Areas for improvement

Action the trust MUST take is necessary to comply with its legal obligations. Action a trust SHOULD take is because it was not doing something required by a regulation, but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

Action the trust MUST take to improve:

Core service Forensic secure wards.

- The trust must ensure that all bathrooms and shower rooms are in good working order and available for patients to use bathing facilities in a timely manner.
- The trust must ensure that all sanitary ware is free of limescale build up. To ensure that patients are protected from potential harmful germs.

Action the trust SHOULD take to improve:

Core service Forensic secure wards.

- The trust should consider installing closed circuit television in the ward courtyards at Wathwood Hospital as soon as possible. Thereby removing the potential for blanket restrictions.
- The trust should consider installing closed circuit television in the low stimulus room at Porchester Road.
- The trust should ensure that there are always two staff observing the seclusion rooms at Arnold Lodge.
- The trust should ensure that all patients food items are correctly labelled. To protect patients from potential bacterial infection.

Our inspection team

The team that inspected the service comprised a CQC lead inspector, two other CQC inspectors, a consultant psychiatrist specialist advisor, two nurse specialist advisors, and three experts by experience (people with lived experience of similar services to that we inspected). The inspection team was overseen by an inspection manager and a Head of Hospital Inspection.

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	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983	Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment