

**Good** 

# Central and North West London NHS Foundation Trust

## Forensic inpatient/secure wards

### Quality Report

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### Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/unit/team)	Postcode of service (ward/unit/team)
RV312	Park Royal Centre for Mental Health	Tasman ward	NW10 7NS
		Java House ward	NW10 7NS

This report describes our judgement of the quality of care provided within this core service by Central and North West London NHS Foundation Trust. Where relevant we provide detail of each location or area of service visited.

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

Where applicable, we have reported on each core service provided by Central and North West London NHS Foundation Trust and these are brought together to inform our overall judgement of Central and North West London NHS Foundation Trust.

# Summary of findings

## Ratings

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

### Overall rating for the service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

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

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

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

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

# Summary of findings

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# Summary of findings

## Overall summary

We gave an overall rating for forensic/secure wards of **good** because:

Care was provided to people in a clean and safe environment. However the location of the seclusion room on a different floor could cause potential risks to the safety and dignity of patients when they need to use this facility.

Staff were competent and aware of how to report incidents and safeguarding concerns. Incidents were investigated and staff were aware of where learning could take place.

All admissions were assessed prior to admission and further assessments and management plans took place on admission. Risk plans were developed and updated as necessary. However some of the recording systems in place did not reflect the staff understanding of patients' needs.

Staff were provided with regular supervision, annual appraisals and had access to mandatory and specialist training and training provided within the division.

Staff were confident about raising concerns and felt supported by their managers.

All admissions were planned and there was a very small waiting list for beds. The wards were part of a wider offender care pathway where support was provided by in-reach, outreach and inpatient services.

The service was sensitive to the differing needs of patient groups although there were some difficulties regarding disability access and outdoor access from Tasman ward.

There were strong clinical governance systems in place through the offender care pathway. However, as this was a small inpatient service within a larger division, there was a risk that learning from other inpatient wards and similar services such as the rehabilitation pathway within the trust were not strongly embedded.

# Summary of findings

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

### Are services safe?

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

The ward layout ensured that people could be observed from most parts of the ward with contingencies in place to manage blind spots. Ligature risks were managed by observation and individual risk assessments. However the location of the seclusion room on a different floor could cause potential risks to the safety and dignity of patients when they need to use this facility.

The ward was staffed with numbers determined by comparison to similar services. Staff and patients told us that there was a high level of bank usage but these shifts were covered mostly by people who were familiar with the service.

Staff were aware of how to report safeguarding concerns and incidents. There were systems in place to ensure incidents were investigated and lessons learnt disseminated.

Good



### Are services effective?

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

Patients were assessed on admission and within the first twelve weeks of admission comprehensive care plans were developed.

Staff with varying professional backgrounds were attached to the ward and patients on the ward had access to a range of psychological therapies and treatments both individually and in groups.

Staff were supported with regular training, supervision and appraisals and had access to additional learning opportunities to develop professional skills. Most staff had a good understanding of the Mental Health Act. Training had been delivered on the Mental Capacity Act. However, there were some patient records where the information recorded about mental capacity indicated a lack of understanding by the staff member concerned.

Good



### Are services caring?

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

Staff treated people with kindness and respect and understood patients' individual needs. However while patients told us that they were involved in care planning and reviews, this was not always evident in the recording of the care plans. Advocacy was available and patients were aware of this. There were regular community meetings on the ward and feedback was sought which impacted on decisions made on the ward.

Good



# Summary of findings

## Are services responsive to people's needs?

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

Admissions into the service were planned. Most admissions came from prisons, courts and regional secure units. The trust had teams based in local prisons and provided a court diversion service and community forensic service so information was shared locally about the needs of people coming into the service and being discharged from the service in the local area. However, there were some people on a waiting list for admission and one person's discharge was delayed from Java House.

The physical environment on Tasman ward was not completely accessible for people with mobility difficulties as access to the garden area was down a flight of stairs. Information was available to patients about their care and treatment on the wards.

There had been few formal complaints in the service over the previous six months but these had been investigated and the outcomes fed back to the staff team.

Good



## Are services well-led?

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

Staff in the forensic/secure inpatient wards told us that they were proud of working for the service and the trust. They were aware of the values within the service and their work with patients embedded the vision and values of the organisation and the service.

Clinical governance oversight took place at ward, division and trust level which included information about incidents, complaints and updates on key performance indicators.

The divisional leadership were aware of the key challenges within the service and contributed to the trust risk register. However, there was a risk that learning from other inpatient wards and similar services such as the rehabilitation pathway within the trust were not strongly embedded.

Good



# Summary of findings

## Information about the service

The forensic/secure inpatient wards provided by Central and North West London NHS Foundation Trust are part of the trust's offender services division.

Park Royal Centre for Mental Health has two forensic/secure inpatient wards: Tasman ward which is a low secure ward has 17 beds and Java House which is a low secure ward with a focus on rehabilitation and has 6 beds. Both wards are for men only.

Park Royal Centre for Mental Health was last inspected by CQC in November 2011. However, these wards were not visited as a part of that inspection.

## Our inspection team

The team that inspected the forensic/secure inpatient wards consisted of five people: one expert by experience, one inspector, one Mental Health Act Reviewer, one nurse and one consultant psychiatrist.

## Why we carried out this inspection

We inspected this core service as part of our on-going comprehensive mental health inspection programme.

## How we carried out this inspection

To get to the heart of the experience of people who use services' experience of care, we always ask the following five questions of every service and provider:

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

Before this inspection visit, we reviewed information that we held about these services, asked a range of other organisations for information.

During the inspection visit, the inspection team:-

- Visited both wards and looked at the quality of the ward environment and observed how staff were caring for patients.
- Spoke with 21 patients who were using the service

- Spoke with the managers/nurses in charge for each of the wards
- Spoke with the operational manager covering the service
- Spoke with the divisional director and joint clinical director for offender health
- Spoke with 18 other staff members including doctors, nurses, social workers and psychologists and a pharmacist.
- Added two handover meetings, one MDT meeting and one community meeting.

We also

- Collected feedback from three patients using comments cards
- Looked at 10 care and treatment records of patients
- Carried out a specific check of the medication procedures on both of the wards

# Summary of findings

- Looked at a range of policies, procedures and other documents relating to the running of the service.

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

We spoke with 21 patients using the service. Most patients we spoke with were positive about their experiences on Tasman ward and in Java House. They told us that they felt staff were supportive and that they were treated with kindness.

We checked a service user survey which was carried out internally, on Tasman ward and Java House in November

2014. Out of 22 patients on both wards, 16 completed questionnaires were returned. 75% of service users rated their experience as good or very good. However, 40% of patients said they were not satisfied with the level of say in decisions regarding their treatment.

## Good practice

- There was an established local pathway from a local prison with inreach and outreach services as well as the admission/treatment and rehabilitation ward tailored to meet the needs of people in Brent.

## Areas for improvement

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

- The trust should consider how learning from incidents across different divisions is embedded in practice especially where there are wards with similarities either in geography or function such as other wards on the Park Royal site and other rehabilitation wards in the trust.
- The trust should consider if a seclusion room can be provided on the same floor as the wards.
- The trust should ensure areas for work identified in infection control audits are carried through.
- The trust should provide ongoing training and support to ensure all staff had a good understanding of the Mental Capacity Act and how this would be used in practice with the patients using these services.
- The trust should ensure that repairs to equipment in the wards are reported and fixed in a timely manner.



## Central and North West London NHS Foundation Trust

# Forensic inpatient/secure wards

### Detailed findings

#### Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
Tasman ward	Park Royal Centre for Mental Health
Java House	

#### Mental Health Act responsibilities

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

Staff understanding of responsibilities under the Mental Health Act was good and staff received training regarding the Mental Health Act. The documentation was generally very good and the paperwork regarding people's detention was up to date and stored correctly.

Copies of consent to treatment forms accompanied medication charts. Staff routinely explained and recorded patient's rights under the Mental Health Act. However, when we spoke to patients, some of them were not clear about their rights or status.

The trust had systems in place to monitor the appropriate implementation of the Mental Health Act and its code of practice. There was a team within the trust that could provide advice and support regarding the implementation of the Mental Health Act.

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

All staff received training regarding the use of the Mental Capacity Act (2005) and the Deprivation of Liberty safeguards.

Staff were aware of the practical use of the Mental Capacity Act within the ward. However, some care and treatment not covered by the MHA was not considered or assessed under the MCA.

# Detailed findings

We saw for one patient at Java House who was an informal patient. There had been a two month delay between them being discharged from their section and having their capacity to consent to an informal admission assessed. However, this had been done at the time of our inspection.

# Are services safe?

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

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

## Summary of findings

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

The ward layout ensured that people could be observed from most parts of the ward with contingencies in place to manage blind spots. Ligature risks were managed by observation and individual risk assessments. However the location of the seclusion room on a different floor could cause potential risks to the safety and dignity of patients when they need to use this facility.

The ward was staffed with numbers determined by comparison to similar services. Staff and patients told us that there was a high level of bank usage but these shifts were covered mostly by people who were familiar with the service.

Staff were aware of how to report safeguarding concerns and incidents. There were systems in place to ensure incidents were investigated and lessons learnt disseminated.

- There local infection control leads carried out regular infection control audits of the wards. We saw that the wards were clean and hygienic and there were no concerns raised about the cleanliness of the ward identified by staff or patients.
- An infection control audit which had taken place on Tasman ward in August 2014 identified mould in the shower area. This continued to be raised in another audit which was completed in February 2015. This meant that there could be a risk that information may not be learnt from audits without action plans and time frames in place.
- Tasman and Java House had well-equipped clinic rooms which had emergency medicines and equipment available. Staff had completed mandatory basic life support training to manage emergencies.
- Sterile products being stored beyond their use by dates were noted in the last infection control audits for Tasman ward in August 2014 and February 2015. During our inspection, we saw that a few sterile products had passed their use by date. This was raised immediately. However, this meant that despite being identified in an audit in August 2014 as a potential issue, there were still not robust systems in place to ensure that the dates when sterile equipment ceased to be sterile was monitored.
- Staff and visitors were given personal alarms on entering the wards. There were checks in place to ensure that these were operational.
- Most patients whom we spoke with told us that they felt safe. Particularly at Java House where one patient specifically told us that they felt more safe at Java House than they had felt on Tasman ward. One patient on Tasman ward raised a concern about their feeling of safety, however most patients did not raise this as a concern.
- Neither Tasman nor Java House had a seclusion room which was in use. There was a de-escalation room on Tasman ward which was furnished with a sofa. If it were to be used, it required two members of staff to be present with the person who was using it due to the heaviness of the door. This door self locks and cannot

## Our findings

### Safe and clean environment

- The ward layout on Java House and Tasman ward enabled observation in most parts of the ward. This was more important on Tasman ward where the patients had a higher acuity. CCTV was installed on Tasman ward to enable observation of some parts of the ward where there may be blind spots. These risks were mitigated by local actions regarding observation policies.
- Ligature risk assessments were carried out regularly. We saw the most recent ligature risk assessments for Tasman ward and saw that where risks had been identified, mitigating actions had been stated. This meant that staff were aware of potential ligature points and were aware of actions necessary to mitigate the risks of them.

# Are services safe?

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be opened on the inside and therefore one staff member has to hold this door open to prevent the patient and staff getting stuck in the room. This meant that if it were in use there would be fewer staff available for other people on the ward.

- Patients on Tasman ward who required seclusion facilities, used the facilities on Caspian ward which was the ward down a flight of stairs. Some staff raised concerns with us about the need to use stairs if someone on the ward required seclusion.

## Safe staffing

- Establishment staffing numbers had been determined by benchmarking against other similar (low secure) services in other locations.
- On Tasman ward there were 3 qualified nurses and 2 healthcare assistants working on the ward during the days with 2 qualified nurses and 1 healthcare assistant at night. On Java there was one qualified nurse and one healthcare assistant during the day and one qualified nurse working at night. When additional staff were needed on Tasman ward for observations, the first member of staff was taken from the establishment numbers and after that, other members of staff were booked to work in addition to the complement of staff.
- There were 5 vacancies for qualified nurses on Tasman ward and 2 vacancies for healthcare assistants. There was a plan in place to ensure that staff working on Tasman and Java House rotated between the two services. Over the past six months, three members of staff had left and one member of staff had joined the team.
- Staff on Tasman ward told us that there was a high usage of bank staff. Bank staff were initially requested from permanent staff on the wards able to work additional shifts, then the trust bank staff and if no one was available from those sources then agency staff were requested. In the six months prior to the inspection, three incidents had been recorded reporting staff shortages or the inability to book bank/agency staff to cover shifts. These were all on Tasman ward.
- Escorted leave from the ward was not cancelled due to staffing levels. However, staff and patients on the ward told us that leave may be postponed when staff were needed to manage situations on the ward.

## Assessing and managing risk to patients and staff

- There were no unplanned admissions to Tasman or Java House wards. Patients came to the wards with risk assessments in place and risk assessments were updated on admission and after incidents which would affect them.
- We checked risk assessments on Tasman and Java House. The HCR-20 (Historical, Clinical Risk assessments) risk assessments were completed thoroughly by multi-disciplinary teams and were comprehensive in their scope, ensuring that complete histories were known and understood.
- Day to day risk assessments completed on the trust's electronic record system were up to date but two risk assessments which we saw at Java House did not consistently capture the most recent risks identified. Staff had a good knowledge of all the patients on the ward and were aware of the current and historic risks but this had not been captured in the electronic records.
- The ward was running a programme of training related to collaborative risk assessment and management and embedding patient involvement into the risk assessment process. Patients and staff were very positive about this. The trust have a CQUIN target to train all staff and patients in this approach.
- The wards undertook routine and random searches of patients on the ward. All patients who had unescorted leave were searched on their return to the ward. The routine searches were less frequent at Java House which had rehabilitation focus.
- On Tasman ward there were specific times when patients would be escorted to the outside area to smoke. However, we saw that this was changed to meet the needs of individual patients when necessary and therefore was not a blanket restriction.
- Staff completed observation records comprehensively when patients were on general observation or close observations. This was also recorded in the care plan documentation.
- Staff were aware of safeguarding procedures. There was information available on the ward regarding contact details in the case of concerns regarding safeguarding.

# Are services safe?

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

There was a social worker attached to the ward who was also able to provide advice and support. Staff were able to explain how they would raise an alert if they had concerns and were aware of who they should contact.

- Between Nov 2014-Jan 2015, there were 7 restraints carried out on Tasman ward of which 3 were in face down (prone) position and 3 involved rapid tranquillisation. The numbers of restraints and prone restraints on Tasman ward had reduced over the previous quarter. Staff were committed to minimising the use of restraint.
- Between Nov 2014-Jan 2015 seclusion was used 4 times on Tasman ward. This was a significant reduction from the previous three months where the figure had been 12.
- All staff had completed training in PMVA (prevention and management of violence and aggression). There was an initial 5 day training programme followed by update training of three days every three years. There were PMVA leads on the site who were able to provide tailored approaches for the particular needs of patients on the wards, for example, people with physical health needs. These leads also provided updates on the training when additional guidance was released. For example, the government's "Positive and Proactive Care" guidance to reduce the use of prone (face down) restraint.
- We checked medicines charts on both the wards we visited. They were complete. Medicines were stored safely and a pharmacist visited the ward to undertake audits regularly.

## Track record on safety

- There had been four serious untoward incidents in the service over the year prior to the inspection. Near miss incidents were recorded as well as incidents.

## Reporting incidents and learning from when things go wrong

- All staff we spoke with were familiar with the incident reporting process, using an electronic recording system for incidents. All staff were confident using this reporting

system which ensured that the ward manager, operational manager and more senior management within the trust had information about all reported incidents.

- Root cause analysis had been undertaken of a recent 'near miss' incident where a patient had attempted to kill themselves. This was completed thoroughly by the organisation and information learnt was disseminated with learning points highlighting where ligature risks existed on fittings which had been thought to be ligature free. This had led to additional works being carried out on the ward to improve the safety as a direct result of this incident.
- Staff were debriefed after incidents and the division had a system of 'learning lessons' alerts being shared so that learning from incidents should be shared.
- The systems of learning from incidents through the trust relied on internal governance processes including the offender care division monthly meetings. We saw that incidents within the division were discussed. However, for the past three meeting minutes (December 2014 – February 2015) we saw that no representative from the inpatient wards attended this meeting. While the minutes would be disseminated, it meant that there was a risk that information shared at this meeting would not be reflected back to the ward. We asked for minutes of ward meetings to check that incidents were discussed on the ward which may lead to learning. For the three months prior to our inspection, we were provided with minutes from one business meeting on the ward which took place in November 2014. There was minuted time to discuss incidents but incidents outside the ward/ across the trust were not discussed. This meant that there was a risk that information about incidents across the trust were not picked up at team or divisional meetings.
- The offender care division had undertaken a thematic analysis of serious incidents which had been shared across the division. This ensured that internal lessons could be learnt but it was not clear that this information was shared across the trust.

# Are services effective?

Good 

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

## Summary of findings

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

Patients were assessed on admission and within the first twelve weeks of admission comprehensive care plans were developed.

Staff with varying professional backgrounds were attached to the ward and patients on the ward had access to a range of psychological therapies and treatments both individually and in groups.

Staff were supported with regular training, supervision and appraisals and had access to additional learning opportunities to develop professional skills. Most staff had a good understanding of the Mental Health Act. Training had been delivered on the Mental Capacity Act. However, there were some patient records where the information recorded about mental capacity indicated a lack of understanding by the staff member concerned.

## Our findings

### Assessment of needs and planning of care

- Admissions to the forensic inpatient wards were all planned. People were assessed before admission and care plans were updated on admission and regularly through the period of admission. Care plans we saw were up to date.
- Some care plans did not provide clear treatment aims. For example, at Java House we saw one record stated that someone "would have access to a wide range of therapies" but it was not clear from the care plan what therapies these were. There was a risk that this could be interpreted differently by different clinicians.
- Physical health checks were completed regularly on both wards. These were undertaken by the ward doctors on admission and were regularly monitored and recorded by nursing staff.
- Some staff on both the wards raised concerns with us about the inaccessibility of the computer record system

used on the ward, stating that it could be repetitive so inputting information on the system could take time away from patient care. For example, each new risk assessment was expected to list a full risk history.

### Best practice in treatment and care

- The service ensured that information regarding National Institute for Health and Care Excellence (NICE) guidance was disseminated through to the forensic inpatient wards and used by the team. This was done through regular management meetings within the offender care division and through the quality standards lead, who was the clinical director for the service. The ward team received alerts directly when there were changes in NICE guidance.
- There was one ward-based psychologist and three part time psychology trainees based on Tasman ward and covering Tasman and Java House. The role of the ward psychologist included providing 1:1 sessions for patients and running groups which were available to all patients on the two wards including groups related to drug and alcohol awareness, managing anxiety or CBT for psychosis. The ward psychologist ran a 'drop in' session weekly for people to access solution-focused interventions.
- There was a lead nurse across the service for physical health. Weekly physical health checks and observations were recorded for all patients. These included weight, blood pressure and glucose level monitoring where appropriate. There was an acute hospital located close to the wards which was accessed in emergencies. All patients had an ECG prior to prescriptions for anti-psychotic medicines.
- The ward staff used Health of the Nation Outcome Scales developed for people in secure ward settings (HoNOS secure). This ensured that clinicians were able to measure changes and the effectiveness of the treatment which they were delivering.
- Some medical staff were able to complete clinical audits locally. For example, an audit had been undertaken, looking at recording of physical health monitoring and the use of high dose anti-psychotic medication.

### Skilled staff to deliver care

- A multi-disciplinary team worked across both wards. This included nursing staff, medical staff, occupational



# Are services effective?

Good 

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

therapists, psychologists and social workers. A pharmacist visited the wards regularly. There was regular administrative support on the wards and a permanent housekeeper.

- Staff received appropriate training, supervision and professional development. We saw that most permanent staff had completed their trust mandatory training and staff told us that they had access to additional specialist training if necessary. Supervision was offered to staff on a monthly basis and team meetings took place on the ward around every six weeks. Regular bank staff received an induction on to the ward.
- Managers on the ward told us that if they needed to manage the performance of staff, they had support from their managers and from the central trust human resources team.
- The offender care division had regular away days and academic days across the division to support additional specialist training which included external speakers and experts.

## Multi-disciplinary and inter-agency team work

- Multidisciplinary team meetings took place regularly on both wards. These included the ward based professionals including occupational therapy, social work, psychology as well as medical and nursing professionals. We observed these meetings and saw that different professionals views were sought during case discussions related to people's care.
- We observed two handovers on Tasman ward. Information relevant to patient's needs was passed on comprehensively and this information was recorded so that it could be referred to by staff as necessary.
- There was a social worker based on the ward who liaised with community teams where relevant.
- Good working relationships had been established with teams though the trust. The offender care pathway ensured that there was a cohesive flow of information and contact between teams working in prisons, community and inpatient/rehabilitation settings within the trust.

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

- Permanent nursing staff had undertaken training specifically related to the Mental Health Act and the code of practice. The social worker who was based on a ward was an AMHP (approved mental health professional) so would provide additional expertise when necessary.
- A recent consent to treatment audit had been undertaken on Tasman ward and we found that documents relating to consent for treatment were in order with appropriate assessments of capacity to consent.
- There were complete records of patients being given information at regular intervals regarding their rights under the Mental Health Act. However, some patients we spoke with were not clear around their understanding of their status or rights.
- The local Mental Health Act Office undertook regular audits of the relevant paperwork and were available to provide advice and assistance to staff on the wards.
- There was an independent mental health act advocate who attended the wards weekly. People were aware of the advocacy service and there was information available on the ward about accessing advocacy.

## Good practice in applying the Mental Capacity Act

- Training related to the Mental Capacity Act was mandatory in the trust and most staff had completed this.
- Support was provided regarding the implementation of the Mental Capacity Act from the trust and most staff were aware that they could seek additional advice if required and how to access this.
- Staff had an awareness of the practical use of the Mental Capacity Act within the ward. However, some care and treatment not covered by the MHA was not being considered or assessed under the MCA.
- We saw for one patient at Java House who was an informal patient, there had been a two month delay between them being discharged from their section and having their capacity to consent to an informal admission assessed. However, this had been done at the time of our inspection.

# Are services caring?

Good 

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

## Summary of findings

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

Staff treated people with kindness and respect and understood patients' individual needs. While patients told us that they were involved in care planning and reviews, this was not always evident in the recording of the care plans. Advocacy was available and patients were aware of this. There were regular community meetings on the ward and feedback was sought which impacted on decisions made on the ward.

## Our findings

### Kindness, dignity, respect and support

- We spoke with all the patients on both of the wards over the days of our inspection. Most people told us that they were satisfied with the care which they received.
- We observed care being delivered by staff in a manner which displayed thoughtfulness, kindness and skill on both the wards.
- Staff had a good understanding of the patients on the wards as most admissions were long term. This allowed staff time to know the patients well.

- One person at Java House told us “They [nursing and medical staff] are very good here”, and another person told us “It’s nice because the staff respect us”.
- Staff spoke about patients to us with respect.

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

- There was an orientation pack available on Tasman ward for patients when they first arrived on the ward. As admissions were planned, patients could be given this information in advance.
- All care plans we saw did not record the ‘voices’ of patients. However, patients we spoke with on both wards told us that they were aware of their care plans and had fed into information about their care plans.
- An advocate came to the ward weekly. There was information in the wards about advocacy services so that advocates could be contacted outside the weekly visiting time.
- Feedback from patients was taken in a number of ways. Patients had access to weekly community meetings on both the wards. These community meetings were minuted and actions were followed up in subsequent meetings. A patient survey had been undertaken in November 2014 by a student psychologist. This provided a rich source of information and included an action plan with expected dates of completion to ensure that it fed into service improvements.



# Are services responsive to people's needs?

Good 

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

## Summary of findings

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

Admissions into the service were planned. Most admissions came from prisons, courts and regional secure units. The trust had teams based in local prisons and provided a court diversion service and community forensic service so information was shared locally about the needs of people coming into the service and being discharged from the service in the local area. However, there were some people on a waiting list for admission and one person's discharge was delayed from Java House.

The physical environment on Tasman ward was not completely accessible for people with mobility difficulties as access to the garden area was down a flight of stairs. Information was available to patients about their care and treatment on the wards.

There had been few formal complaints in the service over the previous six months but these had been investigated and the outcomes fed back to the staff team.

- There were 2 people on the waiting list for beds on Tasman ward who were currently inpatients in the trust. People who require admission from prison services would be prioritised over those waiting in mental health beds. This meant that there was a risk that an appropriate bed may not be available for patients who needed the specialist support offered by a forensic inpatient ward.

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

- On both wards there were rooms available for activities, private conversations, meetings and quiet areas. There was a visiting room available for families and children in the unit where the ward was located.
- Patients on the ward told us that the food was of a good quality and that they were able to make choices about what food they ate.
- Java House had access to its own garden area which included a shelter and smoking area. There was a kitchen area which patients had access to as self-catering is encouraged as part of the rehabilitation process.
- Tasman ward was on the first floor in a block. Access to the outdoor area was via a staircase and this access was supervised by staff which limited smoking breaks to four times a day. Although this was adjusted according to the individual needs of patients when necessary.
- Staff and patients reported to us that there were delays in reporting repairs. For example, one of the computers used for patients was reported with faults in August 2014 and was fixed in February 2015. There was a log book of repairs which was kept in the ward office, however, it was not consistently updated with information about when requests were made and when repairs were completed so all the information about broken equipment was not evident. Patients reported that a television had broken and had taken "weeks" to repair. This may have an impact on the quality of care received on the ward.
- There was an occupational therapist and activities coordinator based between the two wards with activities often shared between them. Patients told us

## Our findings

### Access and discharge

- The forensic/secure inpatient beds are usually accessed from prison, court or as a step-down from medium secure services in the regional secure unit in a neighbouring trust. All admissions were planned and all discharges were planned. Patients were not admitted to the ward into beds where a patient was on leave.
- Some patients transferred from Tasman ward to Java House to access additional rehabilitation. Other patients moved straight to the community from Tasman or to a different rehabilitation ward in the trust. Patients were transferred back to higher levels of security when necessary.
- The service within the offender care directorate forms part of a local pathway for Brent residents who have come through the prison system and allows local secure services to meet the needs of local residents.

# Are services responsive to people's needs?

Good 

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

that there were a range of activities they could participate in during the day and over the weekend. Nursing staff also assisted in ensuring activities were provided.

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

- Java House was a ground floor ward with disabled access to the ward and garden. Tasman ward was on the first floor. There were stairs within the ward to access the outside space allocated. While the ward had accommodated a patient who had mobility difficulties, they had not been able to access the outside area. For this individual patient, this had not been problematic. Some adjustments had been made according to his needs, such as ward rounds taking place in his room and having a room allocated near to the nurse's station. However, the physical environment of the ward and outside space not being readily accessible to a patient who had mobility difficulties means Tasman ward was not fully accessible.
- Staff on both wards had a good understanding of the cultural and religious needs of individual patients. There was a multi-faith room set aside on Tasman ward. The site had access to chaplaincy support from a range of

religions and culturally and religiously appropriate food such as Halal and Kosher meals and Caribbean meals were available. Some patients told us that they appreciated access to the Caribbean meals on the ward.

- Staff knew how to contact interpreters and translation services on the ward when necessary. Staff were able to explain to us how the process worked in practice. Interpreters had been booked for a specific patient for ward rounds and for sessions with the ward psychologist. There was access to additional support if required.
- Information was available in the ward about how to contact advocates, make complaints as well as general information about common treatments and medicines used.

## Listening to and learning from concerns and complaints

- Patients we spoke with told us that they knew how to make complaints and would feel comfortable doing so. Staff were aware of the complaints procedures and where to direct complaints.
- There had been two formal complaints about Tasman ward in the 6 months prior to the inspection. The ward manager and staff team were aware of these complaints and their outcomes.

# Are services well-led?

Good 

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

## Summary of findings

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

Staff in the forensic/secure inpatient wards told us that they were proud of working for the service and the trust. They were aware of the values within the service and their work with patients embedded the vision and values of the organisation and the service.

Clinical governance oversight took place at ward, division and trust level which included information about incidents, complaints and updates on key performance indicators.

The divisional leadership were aware of the key challenges within the service and contributed to the trust risk register. However, there was a risk that learning from other inpatient wards and similar services such as the rehabilitation pathway within the trust were not strongly embedded.

meetings and there were clinical governance meetings held at service levels (for the addictions and offender care division) which fed into trustwide clinical governance meetings.

- As a part of the addictions and offender care pathway, issues specific to the inpatient services were discussed at service-wide meetings. However, minutes for November 2014 to February 2015 did not have a representative of the inpatient services present as they had sent apologies. While minutes were distributed, this meant that there was a risk that updated information was not shared consistently. There were no checks in place to ensure that each constituent service sent a representative to meetings quarterly. These meetings discussed relevant incidents, complaints, and key performance indicators and shared this information across the service.
- Operational managers at the Park Royal site met regularly. However, the operational manager from the forensic inpatient services was not routinely a part of this. This meant that there was a risk that site specific information may not be regularly shared.
- It was not clear that there were formal processes in place to share learning and information between the forensic rehabilitation services and other divisions in the trust.
- There was a specific risk register for the addictions and offender care pathway. This was discussed regularly at the monthly service-wide meetings and additions to the risk register could be proposed at this point. This could also contribute to the trustwide risk register.

## Our findings

### Vision and values

- Staff within the service were familiar with the values stated by the offender care division of 'caring not judging' and were able to explain how this impacted their practice within the roles which they undertook.
- It was evident in our conversations and observations of interactions with staff at all levels across the services that this was an essential part of their practice.
- Most staff were familiar with the managers within the division who were present on the wards. There was some understanding of the trustwide management and awareness of the senior leadership in the trust, especially the chief executive who communicated with employees via the intranet.

### Good governance

- Information was available to the ward managers and senior managers about staff training, appraisals and staffing levels. These were discussed at management

### Leadership, morale and staff engagement

- There had been some changes relating to clinical leadership on the ward with one consultant leaving and two locum consultants in the space of three months. Staff and patients commented on the lack of stability that had resulted from this. However staff and patients were positive about the current locum consultant and a new permanent consultant with experience in forensic services had been appointed and was due to start shortly after our inspection visit. This was welcomed by the staff team who were very much looking forward to working with them.

# Are services well-led?

Good 

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

- The divisional leadership had arranged a team away day just before the previous permanent consultant left to provide support for the staff working on the wards and told us that there was a plan to develop a similar workshop away day when the new consultant was in post. This meant that there was an understanding by the divisional leadership of the disruption caused by the changes in clinical leadership.
- Sickness rates on Tasman ward and Java House were at 2% and 4% respectively. This was monitored by the ward manager and operational manager.
- Staff across the services told us that they felt confident raising concerns and felt supported by their immediate line managers. The trust had a whistleblowing policy which staff were familiar with.
- Ward managers had the opportunity to undertake leadership development programmes run by the trust.
- The addictions and offender care directorate undertook bespoke developmental days and an academic programme focussing on aspects of care within the division which were open to all staff within them.
- Newsletters from the addiction and offender care division were shared through staff working in this division and had information and news which helped staff to feel connected with the management and the division as a whole.

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

- The clinical director for the division stated that there were plans to join the Royal College of Psychiatrists quality network which would ensure that the wards are connected with similar services around London and around the country.