

Good 

Somerset Partnership 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)
RH5Y5	Ash Ward, Willow Ward and Wessex House	Ash Ward	TA6 5LX

This report describes our judgement of the quality of care provided within this core service by Somerset Partnership 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 Somerset Partnership NHS Foundation Trust and these are brought together to inform our overall judgement of Somerset Partnership 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

Contents

Summary of this inspection

	Page
Overall summary	4
The five questions we ask about the service and what we found	5
Information about the service	8
Our inspection team	8
Why we carried out this inspection	8
How we carried out this inspection	9
What people who use the provider's services say	9
Areas for improvement	9

Detailed findings from this inspection

Locations inspected	10
Mental Health Act responsibilities	10
Mental Capacity Act and Deprivation of Liberty Safeguards	10
Findings by our five questions	11

Summary of findings

Overall summary

We rated Somerset Partnership NHS Foundation Trust as good because:

- The trust had addressed the problems that had caused us to rate effective as requires improvement when we last inspected in September 2015. These included ensuring that patients were aware of their section 132 rights when detained under the Mental Health Act, that staff documented patients' consent to medicines and that patients received feedback from second opinion appointed doctors.
- The wards were clean, and staff were managing risks within the ward environment. These included checking medical devices and ensuring that staff levels met the needs of patients. Staff had risk assessed patients in their care and had systems in place to ensure that learning was shared from any incidents on the ward.
- We spoke with three patients and they provided positive feedback on the activities on the ward. Patients we spoke with said that staff treated them with respect and dignity and we saw that this was the case on our inspection visit. Staff encouraged patients to give feedback on the service and ensured that they had access to advocacy. Staff took care to involve patients' family and carers as appropriate and according to the patient's wishes.
- Staff had a focus on discharge. They planned for discharge for all of their patients and they tracked patients' progress towards discharge. Staff liaised with other services to help ensure rapid but appropriate

discharge when patients needed either more or less intensive care than they could receive on the ward.

The facilities of the ward allowed patients a range of rooms to use for activities and therapies. The ward also had access for people requiring mobility aids. Staff ensured that patients could continue to practice their different cultural and religious beliefs.

- The ward had strong local leadership, and this had helped staff to develop a good working team. NHS England commissioned the ward and required them to provide a range of performance data. This meant that in the majority of cases, governance systems were embedded and worked well. The ward was also part of a peer led quality network – the Royal College of Psychiatrists' quality network for forensic mental health services.

However:

- The trust had not fully rolled out its training programme on the Mental Health and Mental Capacity Acts.
- While seclusion was rare on the ward, it was only used six times in the year before this inspection, staff did not always document the checks they were supposed to make in line with the trust's policy. Seclusion is where a patient is contained and supervised in a room that may be locked because they are highly agitated and their behaviour is likely to present a risk of harm to others.

Summary of findings

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

Are services safe?

We rated safe as good because:

- The ward environment was clean, and staff had assessed environmental risks.
- Staff checked and medical equipment and ensured that it was serviced regularly. They ordered replacements when necessary.
- The trust had helped to ensure the right number of staff were on shift and had on call arrangements for medical staff out of hours.
- Staff had access to systems to report incidents and the learning from them were shared and discussed within the team.
- Staffing levels had not had an effect on patients' uptake of activities. Staff tracked patients level of engagement with activities as part of their reports to the services commissioners.

Good



Are services effective?

We rated effective as good because:

- The service had addressed the issues that had caused us to rate effective as requires improvement following the 2015 inspection. These included ensuring that patients were aware of their section 132 rights when detained under the Mental Health Act, that staff documented patients' consent to medicines and ensured that they received feedback from second opinion appointed doctors.
- We saw that staff had engaged patients in designing their care plans and had documented their views. These plans were holistic and covered the patient's identified needs.
- Staff had prescribed doses of antipsychotic medicines within guidance from the National Institute for Health and Care Excellence (NICE). Staff sought consent to medicines and used specific forms to pass on information from second opinion doctors where necessary.
- Staff from a range of healthcare professions provided care on the ward. The staff we spoke with were experienced in working with patients in a 'low secure' environment. Patients also had access to a psychologist who could provide them with treatments recommended by NICE.
- Patients had review meetings at least every two weeks, and staff held four daily handovers to hand over clinical information to ensure patients had their needs met.

Good



Summary of findings

- Staff had access to advice and support on the Mental Health Act (MHA), as well as the Mental Capacity Act. Staff we spoke with were knowledgeable about their responsibilities under both Acts.
- We saw that staff regularly presented patients their section 132 rights under the MHA and the patients we spoke with were aware of their rights.

However:

- The trust had not fully rolled out their training programme on the Mental Health Act and Mental Capacity Act.
- While use of seclusion (placing highly agitated patients away from others in an area they are not allowed to leave to protect other patients or staff) was infrequent (it was used six times in the year before this inspection), staff did not always document the checks they were supposed to make in line with their policy.

Are services caring?

We rated caring as good because:

- Staff treated patients with dignity and respect. The majority of patients we spoke with said that the service was good and staff were polite and supportive. All of the patients we spoke with praised the activities on the ward.
- Patients had regular meetings to provide feedback on the care they were receiving, and could raise concerns with an advocate or the Patient Advice and Liaison service.
- Staff were respectful of patients' wishes and engaged family members and carers of patients where appropriate and where patients had given permission.

Good



Are services responsive to people's needs?

We rated responsive as good because:

- Staff started to work towards a patient's discharge from the ward at the time of their admission and we saw evidence of them tracking this. The ward had low rates of re-admission (four patients since 2010 when the ward opened).
- The ward had a full range of rooms for patients to use, including rooms for activities, therapies and lounges.

Good



Summary of findings

- The ward had rules about the use of camera phones to protect the privacy of other patients. The trust had provided other phones without cameras to be used by patients on the ward so that they could remain in contact with their family and friends. Patients could also use the ward phone if they needed too.
- Patients were positive about the therapeutic activities taking place on the ward and the staff kept track of patients' engagement in the activities to ensure patients had meaningful activities while they were receiving care.
- There was disabled access to the ward, and staff could access interpreters should patients speak a language other than English.
- Patients told us that there was good quality and choice in food. Staff told us that the range included options for different dietary choices.
- Staff had put information on how to complain in highly visible areas. Patients had meetings where they could raise their complaints and we saw a 'you said, we did' board showing the action staff had taken after issues had been raised.

Are services well-led?

We rated well-led as good because:

- The ward had strong local leadership that had led to a positive morale within the team. All of the staff we spoke with said that they had a staff team that worked well together.
- Staff were aware of the values of the trust, and said they felt the new chief executive had made a positive impact on the trust.
- The ward had a number of key performance indicators and worked closely with their commissioners to ensure that they met these targets. The nature of these indicators meant that the ward used the majority of the governance systems in the trust effectively.
- The ward had an ongoing commitment to quality that included being an active part of the Royal College of Psychiatrists' College Centre for Quality Improvement (CCQI). This included submitting an article for their monthly newsletter.

Good



Summary of findings

Information about the service

Ash Ward is a specialised service commissioned by NHS England to provide psychiatric care to patients who may have committed an offence or who might be at risk of doing so. It is classed as a 'low secure' hospital meaning that there are restrictions in place above the norm for

acute mental health inpatient units. There are 12 beds on the ward for male patients detained under the Mental Health Act. The service is located in Bridgwater but takes patients from across the county. Most patients arrive from courts, prison or other secure hospital facilities.

Our inspection team

Our inspection team was led by:

Team Leader: Gary Risdale, Inspection Manager (Mental Health), Care Quality Commission

The team that inspected forensic inpatient/secure wards comprised: two CQC inspectors, and two specialist advisors: one psychiatrist and one mental health nurse with experience in working in forensic services.

Why we carried out this inspection

We undertook this inspection to find out whether Somerset Partnership NHS Foundation Trust had made improvements since our last comprehensive inspection of the trust in September 2015.

When we last inspected the trust in September 2015, we rated forensic inpatient/secure wards as **good** overall. We rated the core service as requires improvement for effective, and good for safe, responsive, caring and well-led. We re-inspected this core service to ensure that the trust had made the changes we had required them to make, and to ensure that the quality of these services had not dropped.

Following the September 2015 inspection, we told the trust it must make the following actions to improve forensic inpatient/secure services:

- The trust must ensure patients' capacity to consent to medication; is assessed, reviewed and recorded regularly.
- The trust must ensure patients are being given their Section 132 rights on admission and at regular intervals.
- The trust must share the outcome of a second opinion appointed doctor (SOAD) visits with patients.

These related to Regulation 11 Need for consent, under the Health and Social Care Act (Regulated Activities) Regulations 2014.

We also told them they should take action on a number of areas. These were:

- The trust should ensure medical equipment checks, include expiry dates and re-ordering occurs when necessary.
- The trust should ensure all appropriate training relating to the Mental Health Act, Mental Capacity Act and to patients' conditions is undertaken by staff.
- The trust should ensure it reviews the style of uniform and whether it should be worn when supporting patients in the community.
- The trust should review using cardboard urinals when people are in seclusion.
- The trust should ensure the Mental Health Act Code of Practice, and trust policy, is followed in relation to seclusion.
- The trust should ensure on-call staff can attend the ward within the agreed timeframe.
- The trust should ensure it adheres to the agreed safer staffing levels.

Summary of findings

How we carried out this inspection

To fully understand the experience of people who use services, we always ask the following five questions of every service and provider:

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

Before the inspection visit, we reviewed information that we held about these services.

During the inspection visit, the inspection team:

- Visited the ward and looked at the quality of the ward environment and observed how staff were caring for patients.

- Spoke with three patients who were using the service.
- Spoke with the managers for the ward.
- Spoke with three other staff members; including a doctor, a nurse and a support worker.
- Attended a care plan review meeting.
- Placed comment cards for patients to give feedback. None were completed.
- Looked at eight treatment records of patients and the medical charts for all 12 patients on the ward.
- Carried out a specific check of the medication management on the ward.
- 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 three patients and provided comment cards for others to have their feedback on the service. All of the patients we spoke with had positive comments

about the activities that took place on the ward. Patients who spoke with us also had positive feedback for the care they had received from the staff on the ward. They said staff were caring and respectful towards them.

Areas for improvement

Action the provider **SHOULD** take to improve

The provider should continue to roll out Mental Health Act Training

Somerset Partnership NHS Foundation Trust

Forensic inpatient/secure wards

Detailed findings

Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
Ash Ward	Ash Ward, Willow Ward and Wessex 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 were aware of their duties under the Mental Health Act, and could seek advice from a central team within the trust if they needed too.

Staff explained patients' rights to them on a regular basis, and completed checks of patients who accessed (or took) section 17 leave from the ward.

Patients had access to independent advocates. Staff ensured that patients were informed of the decision of the second opinion appointed doctors when they made decisions about the patient's medicines.

However, training completion was low with only 24% of staff having received the recent training on the Act.

Mental Capacity Act and Deprivation of Liberty Safeguards

Staff received training on the Mental Capacity Act as part of their induction to the trust. At the time of this inspection, 79% of staff had received up to date training on the Act. However, staff we spoke with were aware of the principles of the act and had documented patients' consent to share information as well as for medicines.

The trust had a policy on the use of the Act that staff could refer to, and staff could seek advice from a central team.

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

Our findings

Safe and clean environment

- The ward layout consisted of a long corridor with rooms on both sides. The main bedroom corridor was at the end of the main corridor, forming a 'T' junction. Mirrors were in place to mitigate blind spots and rooms had large windows in the doors. The windows gave a good view of the inside.
- There was a seclusion room onsite where patients could be secluded for theirs and others safety. However, it did not have ensuite toileting and bathing facilities. The facilities were across the hall. Staff gave cardboard urinals to patients who were too agitated to use the facilities across the hall. The trust had sought quotes on making changes to the facilities which were a considerable cost. The use of seclusion was rare (six times in the year before the inspection) and so the trust had opted to continue the use of cardboard urinals, but only allowing them into the room when a patient requested them.
- The ward was clean and tidy and in a good state of repair.
- Portable appliance testing (electrical safety checking) had been carried out in the past year and equipment had labels on to confirm this. Staff had also checked fire extinguishers in the past year.
- The ward kitchen was clean and in a good state of repair. Fridge temperatures were checked daily. Food temperatures were checked before food was served.
- We reviewed the current ligature assessment which had been updated within the past year and identified any ligature risks and how they would be safely managed.
- We reviewed the clinic room, emergency equipment and emergency medication. Staff checked it regularly, all equipment needed was present, clean, and in date. The trust had a central system for medical devices calibration and maintenance. Stickers on equipment that identified when tests were due and all were in date.
- Reception staff issued personal alarms, for calling for assistance, to ward staff as they came on duty. We observed staff following handwashing procedures such as using hand gel; which was issued to staff at reception.

- Staff completed a daily environmental check as part of the hand over. Staff recorded this on paper and then scanned in to the computer. Records examined for the two weeks prior to the inspection, showed staff had completed these checks.

Safe staffing

- The trust provided information about staffing between January 2016 and the end of December 2016. During this time, there were on average 35 work time equivalent (WTE) substantive staff, with 4 WTE staff leaving the service in that time. During this time, the trust reported a vacancy rate of 3 WTE staff (which is 9% of their total staffing). The trust reported a sickness rate of 7%.
- At the time of our inspection, staff told us that there were two vacancies for nurses, and one 'on hold' vacancy for a support worker. This 'on hold' post was used to allow funding for bank and agency over seasonal periods of staff leave and sickness.
- Staff told us that the staffing levels had improved over that time and we saw that for the month before this inspection that where the number of staff had been below their set numbers, staffing of a different grade had been on shift to complete the numbers. For example, if there had been a nurse off sick, there would have been an extra healthcare assistant. The ward had always had at least one nurse per shift. The ward could also seek support from other wards on the site if they needed to.
- The trust reported that cover from bank staff (for sickness and vacancies) had occurred on 317 shifts, and 98 shifts had agency cover. The trust reported a total of 293 shifts where there had been gaps in staffing due to sickness, absence or vacancies that had not been covered from bank or agency. This period covered a time of low bed use on the ward, the number of occupied beds had increased towards the time of inspection.
- The ward operated a number of shifts with different staffing levels. The early shift (7am – 3pm) had two qualified nurses and two healthcare assistants as their base staffing levels. The late shift (1pm – 9pm) had two qualified nurses and three support workers and the night shift (8pm to 7:30am) had one qualified nurse and

Are services safe?

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

two healthcare assistants. The service had also put in place two shifts to cover times of busyness. There was an extra healthcare assistant working 9am-5pm, and one who would work a 'twilight shift' between 3pm and 11pm. These levels had been assessed by the Hurst tool (a recognised tool for staffing levels) and the ward manager could adjust staffing levels based on clinical need. Where additional staff were needed, the manager would request staff familiar with the ward.

- The ward had access to out of hour's medical cover from wards based in Taunton. The trust also had an on-call arrangement that provided manager cover over weekends.
- The trust provided their mandatory training rates. Overall, 98% of the staff had completed their mandatory training. These trainings covered a wide variety of topics such as basic life support and safeguarding training. One training course had a completion rate of below 85%, which was safeguarding children level three. There were only two staff members who had this as mandatory training and one had not completed it within the trust's timeline (meaning a 50% completion rate). Staff on the ward said that they had access to a safeguarding support team within the trust that they could get advice from.
- Staff tracked the number of hours' worth of meaningful activity patients had on the ward as part of their reporting process to NHS England. We reviewed the report and saw that where patients were receiving less than 25 hours of meaningful activity a week, it was due to patient choice, restrictions placed on them by the Ministry of Justice (in terms of being allowed leave from the ward) and the patient's mental wellbeing at the time. Staff reported that leave sometimes was re-arranged for later in the day, rather than cancelled, and that there were procedures in place to ensure staffing levels allowed this. The staff reported no incidents where leave had been cancelled due to service reasons (including staffing) between April 2016 and the end of December 2016

Assessing and managing risk to patients and staff

- The trust reported that between January 2016 and the end of December 2016, there had been only eight incidents of restraint on the ward. These included one restraint where the patient was placed in the prone position (face down on the ground) and six incidents of

seclusion. Seclusion is where a patient is contained and supervised in a room that may be locked because they are highly agitated and are their behaviour is likely to present a risk of harm to others.

- The trust reported no incidents of rapid tranquilisation (administering medicine for the purpose of reducing agitation and/or aggression, often by injecting the medicine into a patient's muscle).
- Use of seclusion was infrequent on the ward. We reviewed two care records of patients' care while they were in seclusion. However, staff had not documented all of the checks required by the trust policy. These included nursing checks and on one occasion, no doctor checks for 12 hours (which was outside of the four hours in the trust policy).
- We reviewed eight care records and found that staff had assessed each patient's risk and these assessments were kept up to date.
- The ward had blanket restrictions on some items, such as alcohol. This is common practice for forensic/secure services due to the nature of the patient group. There were also some items that were considered restricted based on patient risk, such as cords or cables and heavy shoes (which could be used as weapons).
- There was safe storage of medicines including controlled drugs. We checked six medicines and they were all in date. Staff followed the controlled drugs procedure and recorded delivery, disposal and administration in the controlled drugs book.
- Staff had access to rooms on the ward that could be used for visitors. If there were potential risks to the visitors, or children were visiting, patients could see their visitors in a room that was just off the ward near reception. Staff described how they had helped a patient have supervised visits with their child.

Track record on safety

- Staff told us that there had been no serious incidents on the ward in the year before this inspection. However, they told us about an incident that occurred three years ago where a fire had been started in the seclusion room using a cardboard urinal. At the last inspection we said that the trust should review their use of cardboard urinals for patients in seclusion who were deemed to be too agitated to be safely allowed to use the toilet facilities across the hall from the room. Staff had

Are services safe?

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

reviewed the use of these urinals. Previously, they were stored in the room as a routine. This had changed so that they were stored outside the room and given to the patient upon request.

Reporting incidents and learning from when things go wrong

- Staff had access to an electronic incident reporting system. They told us that to share learning from incidents, they held 'huddles' on the ward. These huddles provided an opportunity for staff to discuss incidents and pass on learning.
- Staff held debriefs for both patients and staff after an incident had taken place.

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.

Our findings

Assessment of needs and planning of care

- We reviewed the care records of eight out of 12 patients on the ward. In all of these records, patients had a personalised and holistic care plan that was focused on the individual's recovery. The records had evidence of physical health checks taking place and of on-going physical health care where it was required.
- The ward only took patients that were detained under the Mental Health Act. When people are detained under the Act, there are occasions where patients may not have capacity to make an informed decision to consent to taking medicines. Staff had documented patients' consent to medicines in line with the Act.
- Staff used an electronic, password protected, note system to store care information.

Best practice in treatment and care

- We reviewed the medicine charts for all of the patients on the ward at the time of this inspection. Doctors had prescribed medicines in line with national guidance provided by the National Institute for Health and Care Excellence (NICE). In one instance where a patient had been prescribed high doses of antipsychotic medicine, there was clear rationale for this recorded.
- There was a ward psychologist for two days a week who could provide psychological therapies recommended by NICE. Patients also had a recovery group scheduled as a weekly activity that allowed them to learn ways to manage their mental health.
- Staff used recognised clinical assessment tools to track outcomes, health and risk. Staff used scales such as the Health of the Nation Outcome Survey (HoNOS) to track outcomes, the Modified Early Warning Score (MEWS) to check physical health needs as well as specialised scales dependant on patients' individual needs and treatment aims.
- Clinical staff engaged in clinical audits. The ward also produced quality reports as part of their commissioning from NHS England.

Skilled staff to deliver care

- The staff team on the ward comprised of nurses, nursing assistants, activity co-ordinators, an occupational therapist, a psychologist, a consultant psychiatrist and a junior doctor who was shared with another ward. The

team also had a pharmacist based on the site who attended weekly ward rounds and a pharmacy technician who checked medicines charts. The service could request input from a social worker.

- Staff we spoke with had been working on the ward for a long time and were experienced at working with patients in a forensic setting. Staff told us that they received annual training on relational security to help them work in this specialised area. Relational security is the knowledge and understanding staff have of the patient and their environment being used to create safe care for patients.
- Staff reported the number of the staff that had received supervision to the commissioners of the service. The completion rate was 94%. Staff had access to a weekly reflective practice group that the ward psychologist facilitated and could also raise any concerns in a monthly team meeting.
- All staff had received an appraisal within the year before this inspection.
- We saw an example where staff had been successfully supported to improve their skills and performance.

Multi-disciplinary and inter-agency team work

- Staff held four handover meetings a day to ensure clinical information was passed on in a timely manner to staff starting their shifts. The morning meeting was also attended by members of the wider team, for example the psychiatrist. Staff held weekly ward rounds that discussed half of the patients on the ward. This meant that all patients were reviewed every two weeks.
- Staff aimed to have a team meeting each month, but the frequency of this was dependant on the need of the staff team and meetings had occurred more frequently when necessary.

Adherence to the MHA and the MHA Code of Practice

- Staff had access to Mental Health Act (MHA) administrators who could provide advice and support to staff if they had queries about the implementation of the Act.
- Staff had access to a system to manage the conditions of section 17 leave (therapeutic leave) for patients on the ward and used a set check list to make checks for patients going on leave.

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.

- The trust reported that the percentage of staff who had received up to date training on the MHA was low, at 24%. Staff we spoke with were knowledgeable about the use of the Act and their responsibilities because of it.
- Staff sought consent to treatment and had documented a patients' capacity to consent and decision appropriately. This included consent for different types of medicine. For example, for medicine for their physical health, and a separate consent decision for medicine for their mental health. Where a second opinion appointed doctor was needed, staff had access to a form that was used for the doctor to explain their opinion to patients.
- We saw evidence that staff had explained a patients' right to them at regular intervals. The patients we spoke with were aware of their rights and we saw evidence staff supported patients to access tribunals.
- Patients had access to an independent Mental Health Act advocate (IMHA) and the advocate had reported positively on the engagement of the ward in the last quarterly report to NHS England.

Good practice in applying the MCA

- The trust reported that 79% of staff had received up to date training on the Mental Capacity Act (MCA). Staff had told us that this was covered in the corporate induction when they joined the service.
- Staff we spoke with were aware of the core principles of the MCA.
- There was a trust policy on the MCA that staff could refer to for guidance.
- We saw that staff had documented consent to share information, as well as consent for medicines in treatment records.
- The ward had made no Deprivation of Liberty Safeguard applications in the year before this inspection as all patients were detained under the Mental Health Act..

Are services caring?

Good 

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

Our findings

Kindness, dignity, respect and support

- All interactions between staff and patients were respectful and polite. Patients reported that the care provided on the ward was good and staff treated them with respect. We were told that staff always knocked patients' doors before entering.
- At our last inspection, we highlighted that the trust's uniform may impact on a patient's dignity and confidentiality when on escorted leave from the ward. The staff had raised this and there was a paper before the trust board detailing their suggestions about potential changes to the uniform at the time of inspection.

The involvement of people in the care they receive

- Staff showed patients around the unit when they were admitted and helped to ensure they knew the routines of the ward. For example, meals and meeting times.
- Patients had daily meetings during the week where they could raise concerns to staff. The trust also held 'have your say meetings' weekly, and had arranged for a representative from the Patient Advice and Liaison service to ensure that patients felt heard. The 'have your say' meetings were timed to coincide with the visits from the advocacy service.
- We saw that patients had been involved in their care plans, and their views recorded. Staff told us they sought to involve the patients' family and carers where appropriate. For example, in attending Care Plan Approach meetings. They respected patient's wishes when sharing information with carers and relatives.

Are services responsive to people's needs?

Good 

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

Our findings

Access and discharge

- All referrals to the service were planned. The service did not take crisis admissions. The service only took patients who were detained under the Mental Health Act. Staff told us that usually referrals came from other 'low secure' wards, 'medium secure' wards, acute inpatient mental health wards or psychiatric intensive care units. A patient could also be admitted from the community if their mental health had declined and they had been recalled to hospital.
- The average estimated length of stay over the previous 12 months was 473 days; with the actual figure as of the 28 February 2017 being 356 days. The actual figure included patients recently admitted to the ward. The target set by the service commissioners was 459 days on average for the year 2016/17. Staff kept track of patients estimated discharge dates and had a tracking tool to allow them to have a snapshot the progress the patient was making towards discharge and any steps that were being taken by staff or other clinicians to help this. Staff met fortnightly to discuss admissions as routine but would meet outside these planned meetings should an urgent referral be received.
- Patients' rooms were not used while they were on leave and that the only reason a patient would be transferred would be for clinical reasons. The average bed occupancy rate between January and the end of December 2016 was 92% (it is common for 'low secure' wards to have full occupancy). However, the ward was at full occupancy (12 patients) at the time of this inspection. Discharges from the ward took place at suitable times of day.
- The trust reported no delayed discharges. However, there were patients whose needs were such that they required support until they could be transferred to another care provider. Between October and December 2016, one patient had a delayed transfer to a more secure unit and waited 9 weeks. Ash ward has only had four patients who had been re-admitted to the ward after discharge or transfer since it opened in 2010. We saw that staff tracked patients' readiness to discharge, with estimated discharge dates, and clinical updates on their wellbeing. We saw that they actively engaged with other providers to help ensure the process of a patient being discharged was as smooth as possible.

The facilities promote recovery, comfort, dignity and confidentiality

- There was a full range of rooms available for patients to use on the ward. There were lounges, therapy rooms, an activity room, meeting rooms, kitchen diner, and a multi faith room. Patients could access a computer in the therapy room. There was a pool table, dart board and a selection of books, games and puzzles for patients. There was a meeting room available for patients to meet visitors.
- Patients used their personal mobile phones on the ward as long as they did not have recording devices on them; this was to respect the privacy of other patients. Patients could access a pay phone and a cordless ward phone.
- Patients could access three outside areas directly from the ward. One of the areas allowed patients to smoke.
- Patients said that the food was good and there was a choice at every mealtime. Patients could choose to self-cater, as often as they liked. If a patient chose to self-cater, they were given a budget based on which meals they wanted to provide themselves. Staff said they supported patients to plan their meals and that if someone ran out of food or was unable to cook for themselves they would always be provided with a meal.
- Patients could access hot drinks and snacks 24 hours a day.
- Patients were able to personalise their bedrooms. Patients had televisions, games consoles and had put up pictures and posters on the walls of their rooms. Patients were encouraged to keep their room clean and tidy and staff would support them to do this. The hospital housekeeping team would clean bedrooms when required.
- Contraband items were stored in a box within the contraband items box and signed out to patients when they need them. However, the staff did not record the number of disposable items in the box. They said this was because if a patient disposed of the item (for example a disposable lighter) outside the unit staff would not know this had gone. Staff only made a record of high value items on the patients' belongings inventory.
- Patients could store items securely in a locker built in to the bed base in their bedroom.
- Patient and staff told us that there were activities available seven days a week we saw information displayed about activities on the wall. There were also

Are services responsive to people's needs?

Good 

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

displays of activities that had taken place which included fishing, attending local events such as firework displays, zoos, gardening and a science fiction convention. Patients told us that they enjoyed the activities on the ward.

Meeting the needs of all people who use the service

- The service was situated on the ground floor and provided good access for disabled people and had an adapted bedroom and a bathroom.
- There were leaflets and information about, advocacy, physical health issues, prohibited items and a patients' views website displayed on the ward. Patients could access the internet. Patients had been asked to identify images that represented different parts of the recovery star such as relationships or trust and hope and these were used to help patient identity with this area.

- We were told that staff could access information in different languages or in an accessible format from the trust if needed for patients.

Listening to and learning from concerns and complaints

- The ward had received two complaints in the year before the inspection, one of these was upheld.
- There was information on how to complain displayed on the walls in the reception area and in the ward. Patients we spoke to knew how to complain and there was a "you said we did" poster that identified concerns raised by the patients and what action the staff team had taken to rectify this.
- Staff were aware of how to manage complaints and received feedback on the outcomes as appropriate.

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.

Our findings

Vision and values

- Staff were aware of the change in the chief executive since the last inspection and were positive about the changes he had introduced.
- The trust had developed new values and staff told us they had participated in a 'values roadshow' to give feedback.

Good governance

- The trust reported on a number of performance indicators to the services commissioners (NHS England). This had led to strong governance systems to gather and report these figures. These systems included staffing figures, mandatory training and monitoring patients' readiness for discharge.
- The nature of the commissioning of the service meant that the ward had targets and key performance indicators set not only by the trust, but also by their service commissioners. The manager submitted quality reports each quarter and there was evidence of the ward's response to queries raised by these reports, as well as action plans on how they were to implement any changes required.
- The manager of the ward had sufficient authority to carry out their duties, and could raise any concerns or risks to be managed on the ward's risk register. Staff told us they could identify risks to be added onto the register.

Leadership, morale and staff engagement

- There was strong local leadership on the ward, and staff told us that the management on the site were supportive and approachable. This had led to staff feeling positive about their team.
- Staff told us they were able to raise any concerns they had and were able to show examples of where they had raised concerns and the trust had recognised and responded to these. There were no open cases of bullying or harassment at the time of this inspection.
- The trust arranged for managers' away days twice a year, which allowed attendance for staff of different levels of management to attend and develop their skills.
- Staff were open and honest with patients when something went wrong.

Commitment to quality improvement and innovation

- The service participated in peer assessments provided by the Royal College of Psychiatrists' College Centre for Quality Improvement (CCQI). We saw that the draft report had made suggestions for improvement and these had been considered and acted upon by the ward. The report had not been published at the time of inspection.
- Staff at the ward had also submitted an article in hopes of publication to the forensic CCQI newsletter. The submission was acknowledged, but not published as it didn't fit with the theme for that month's newsletter.