

Farmfield







Quality Report

Farmfield Drive
Charlwood
Surrey
RH6 0BN
Tel: 01293 787500
Website: www.elysiumhealthcare.co.uk

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This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from patients, the public and other organisations

Ratings

Overall rating for this location	Requires improvement	
Are services safe?	Requires improvement	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive?	Good	
Are services well-led?	Requires improvement	

Mental Health Act responsibilities and Mental Capacity Act and Deprivation of Liberty Safeguards

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

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

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

Summary of findings

Overall summary

We rated Farmfield as requires improvement because:

- There was insufficient clarity in the guidance for staff to safely manage the physical healthcare needs of patients with insulin dependent diabetes.
- There was a variance in the ligature risks in the patient bedrooms on the low secure wards. This meant that some patients with similar risks of using ligatures could be accommodated in a less safe bedroom.
- The hot water boilers in the kitchens of all the wards were unsafe for patients to use.
- The water temperature in the showers on the low secure wards was extremely hot as the temperature regulator was not working. Patients had no way of regulating the temperature themselves and therefore were at risk of scalding themselves.
- Staff raised concerns about the relationship between ward staff and the senior team at the hospital. Their concerns included not feeling that their views were considered by the senior team and also concerns about new employment contracts and how new policies were being implemented by the hospital management.
- There were significant vacancies for occupational therapy. This meant that the range of structured activity offered to patients had reduced.

However:

- The five wards were bright and clean and had been well-maintained.
- Patient records showed that they had received good assessments and had holistic care plans and up to date risk assessments.
- Incidents, complaints and safeguarding issues were effectively recorded and investigated.
- All staff had completed mandatory training and were supported by their line managers and had received an annual appraisal.
- Patients said that staff were caring and considerate and that they were confident in raising any concern. There were forums for patients to raise issues and suggestions about the running of the hospital.
- There were good systems in place providing ward managers with up to date information on how their ward was performing.
- The senior team met in a monthly governance meeting to review and make decisions on risk, quality and staffing issues.

Summary of findings

Contents

Summary of this inspection

	Page
Our inspection team	5
Why we carried out this inspection	5
How we carried out this inspection	5
Information about Farmfield	5
What people who use the service say	6
The five questions we ask about services and what we found	7

Detailed findings from this inspection

Mental Health Act responsibilities	10
Mental Capacity Act and Deprivation of Liberty Safeguards	10
Overview of ratings	10
Outstanding practice	21
Areas for improvement	21
Action we have told the provider to take	22

Requires improvement 

Farmfield

Services we looked at

Forensic inpatient/secure wards

Summary of this inspection

Our inspection team

The team was comprised of: two CQC inspectors, a CQC inspector manager, an assistant inspector, two CQC pharmacy inspectors, a psychiatrist specialist advisor and two mental health nurse specialist advisors, an expert by experience and a CQC Mental Health Act reviewer.

Why we carried out this inspection

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

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?

During the inspection visit, the inspection team:

- visited all five wards at the hospital and looked at the quality of the ward environment and observed how staff were caring for patients
- spoke with 17 patients who were using the service, and one carer

- spoke with the managers for each of the wards
- spoke with 32 other staff members; including doctors, nurses and occupational therapists
- interviewed the medical director with responsibility for these services
- conducted a forum for staff working in the hospital
- attended and observed a ward manager meeting, a community meeting and a morning meeting on the wards, and a referral meeting
- collected feedback from 20 patients using comment cards
- looked at 20 treatment records of patients
- looked at a range of policies, procedures and other documents relating to the running of the service.

Information about Farmfield

Farmfield is a medium and low secure hospital which specialises in the treatment of male patients. It has 52 beds spread over five wards.

- Rusper is a medium secure ward with 10 beds focusing on admission, assessment and treatment.
- Hookwood is a medium secure ward with 10 beds focusing on admission, assessment and treatment.
- Capel is a medium secure ward with 11 beds focusing on admission, assessment and treatment.

- Newdigate 1 is a low secure ward with 11 beds focusing on admission, assessment and treatment.
- Newdigate 2 is a low secure ward with 10 beds focusing on admission, assessment and treatment.

The core service provided at Farmfield is: forensic inpatient/secure wards.

Farmfield is registered to provide the following activities:

- Assessment or medical treatment for persons detained under the Mental Health Act 1983

Summary of this inspection

- Diagnostic and screening procedures
- Treatment of disease, disorder or injury

The service was last inspected in November 2016. During that comprehensive inspection the hospital was found to be good in all domains and received a rating of Good overall.

In November 2017 the ownership of Farmfield passed from the Priory Group to a new organisation, Elysium Healthcare. There was a new registered manager in place at the time of our inspection.

What people who use the service say

We spoke with 17 patients and collected 20 comment cards completed by patients from all five wards. The majority of patients we spoke with said that staff were friendly and helpful, and that they were treated by staff with dignity and respect. Some patients told us that they had been involved in the creation of their care plans with staff and some told us that they had not been involved.

The patients' feedback about the choice and quantity of food provided by the hospital was ambivalent. Some patients felt strongly that recent changes in the availability of cooked meals and the portion size now being provided had not been a positive change.

Patients told us that there were daily activities offered and that they had a personal timetable for their own activities plan. However many patients felt that the activities offered were basic and repetitive. They recognised that there was a shortage of occupational therapy staff which adversely affected their access to structured time with staff on or away from the ward.

Some patients were concerned that they could no longer use e-cigarettes within the hospital grounds.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We rated safe as requires improvement because:

- There was not sufficient clarity in the guidance for staff to safely manage the physical health conditions of two patients with insulin dependent diabetes. The patients' care plans were inadequate to guide staff how to act regarding the dose of insulin to be given, or whether the treatment should be given in the absence of a blood glucose reading.
- The patients' bedrooms on the low secure wards had differing levels of anti-ligature fittings meaning that some patients with similar risks were accommodated in less safe bedrooms.
- The water boilers were poorly positioned and awkward to use meaning patients were at risk of accidents with very hot water.
- The water temperature in the showers on the low secure wards was extremely hot as the temperature regulator was not working. There was no thermostat on the shower for patients to reduce the temperature themselves leaving them at risk of scalding injury

However:

- All the wards were bright and clean and well-maintained.
- Patients had up to date risk assessments created using tools clinically relevant to their histories.
- There was a process in place to review restrictive practices and each patient had gained access to a mobile phone.
- Staff had completed their mandatory training.
- Staff were appropriately recording and investigating Incidents and safeguarding concerns.

Requires improvement



Are services effective?

We rated effective as good because:

- The assessment of patients' needs was good and the care plans we saw were holistic and well written. The patients' views had been sought and recorded. Staff were developing further patient involvement in care planning with the new PathNav tool.
- Staff were trained to administer medicines safely and medicines management was audited monthly by a trained pharmacist.
- The multi-disciplinary team worked cohesively on the wards and were supportive and responsive to patient needs.
- Staff were receiving regular supervision and appraisal.

Good



Summary of this inspection

- Each member of the senior team was linked to a ward and attended the ward's community meeting with patients.

However:

- There were considerable vacancies within the occupational therapy staffing which meant that there were fewer occupational therapy led activities available to patients.

Are services caring?

We rated caring as good because:

- Patients said that staff were considerate and kind and had time to speak with them individually.
- We observed respectful and professional interactions between staff and patients on all wards.
- There were forums where patients were encouraged to share their concerns and make suggestions for improvements. We saw staff respond to these ideas.

Good



Are services responsive?

We rated responsive as good because:

- There was a progressive pathway in place between the medium and low secure wards which assisted a patient's recovery journey.
- Patients were able to personalise their rooms and had secure storage for their possessions.
- Facilities for patients included supervised access to a gym onsite, and table tennis and pool tables on the wards.
- Patients told us that they were confident on how to make a complaint or raise concerns and we saw that complaints were responded to by staff within the timeframes set out in their policy.

However:

- Some patients expressed concern about recent changes to the type of food options they had at lunchtime and the portion size of evening cooked meals.

Good



Are services well-led?

We rated well-led as requires improvement because:

- There were a number of environmental risks which had not been responded to, or were known to the hospital managers but they had not put in place sufficient actions to mitigate the risks. These included a variation in the anti-ligature fittings in

Requires improvement



Summary of this inspection

the patient bedrooms on the low secure wards, unregulated hot water in the patient bedrooms on the low secure wards, and hot water boilers on the wards which presented a hazard to patients.

- Many staff expressed concerns about communication with the senior team at Farmfield.
- Staff said that they did not feel their views were heard and that they did not understand the rationale for some decisions taken by the hospital management.
- They told us that they had concerns about their new contracts of employment with the new provider and how some of the Elysium policies were being implemented.

However:

- There were good systems in place providing ward managers with up to date information on how their ward was performing.
- The senior team met in a monthly governance meeting to review and make decisions on risk, quality and staffing issues.
- Farmfield was part of the Royal College of Psychiatry quality network for forensic services and was taking part in their quality reviews.

Detailed findings from this inspection

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.

Mental Health Act training was mandatory for staff and we saw that attendance was high and that this training was renewed every year.

The consent to treatment and capacity requirements were in place for all the patients that we reviewed. Patients confirmed to us that their rights under the

Mental Health Act had been explained to them regularly and we saw reminders on the ward manager dashboard when it was time to renew explanations of patients' rights.

The Mental health Act documentation was present and well organised in all the files that we reviewed.

Patients told us that they had easy access to an independent mental health advocacy service and we saw the contact information displayed on all ward noticeboards.

Mental Capacity Act and Deprivation of Liberty Safeguards

Mental Capacity Act and Deprivation of Liberty (DoLS) training was mandatory for all staff and completion rates for this training were high. Staff renewed their training every year.






We saw in clinical records that patients were supported by staff to make decisions where appropriate. For patients with impaired capacity, assessments had been recorded on a decision-specific basis such as managing finance or managing personal care.

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Forensic inpatient/ secure wards	Requires improvement	Good	Good	Good	Requires improvement	Requires improvement
Overall	Requires improvement	Good	Good	Good	Requires improvement	Requires improvement

Forensic inpatient/secure wards

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

Are forensic inpatient/secure wards safe?

Requires improvement 

Safe and clean environment

- The five wards were of a similar layout with a central office overlooking the main living area of the ward. The nurses' offices allowed staff a clear view of the communal areas of the ward and mirrors had been placed in areas of the ward to improve the staff members' observation in less visible areas.
- We gave feedback to senior managers that the water boilers on all wards were dangerous for patients to use. The water was very hot, there was no tray to rest a mug or cup whilst filling it and the positioning of the boiler was awkward. Patients on the low secure wards had open access to the water boilers and patients on medium secure wards had supervised access. The hospital managers responded by ending patients access to the water boilers. The ward staff would provide hot water for drinks until a safer method of providing hot water for drinks was put in place.
- Patients had nurse call buttons in their rooms and there were also call points in the communal areas. We saw that staff carried a key fob alarm and keys in a pouch and these were safely attached to their belt loop.
- All areas of the hospital that we viewed were clean. The housekeeping staff showed us their daily cleaning schedule which was signed off when completed.
- At the time of our visit there was a fault with the water temperature being too hot in the showers on Newdigate wards. Patients did not have thermostat controls on the showers so could not reduce the water temperature themselves. Staff told us that this was due to a fault with

the temperature regulator and the hospital was awaiting a part to become available to fix the issue. A temporary repair was made to the fault during the inspection which reduced the water temperature to a safe level.

- The doors of the patient bedrooms had vision panels fitted which enabled patients to have privacy and also allowed staff to carry out observations in an unobtrusive manner. We did find on several bedroom doors that patients had hung towels over the door frame to block the corridor light at night times from disturbing them. We observed that this caused some doors to stick on the doorframe, meaning more force was needed to open them.
- Each ward had carried out an annual ligature assessment which reviewed all rooms and communal space on the ward and identified areas which presented increased risks of patients attaching ligatures to self-harm. The ligature audit was last completed in August 2017 and was kept in the ward office and was available to staff.
- We found that on Newdigate 1 and Newdigate 2 wards there was variance in the standards of anti-ligature fittings in the patient rooms and en-suite bathrooms. On both wards two bedrooms had a higher standard of anti-ligature fittings including a bathroom with no exposed taps and anti-ligature hinges to the doors. We raised this issue with the registered manager during inspection and we were informed that works to improve the remaining accommodation was scheduled to be completed in 2018.
- On all wards staff completed a daily security check which was a ward walk-around to ensure that all accommodation and fixtures and fittings remained safe and secure.

Forensic inpatient/secure wards

- Each ward had a small clinic room attached to the office which staff used to administer medicine and store emergency equipment which included resuscitation equipment. On one ward staff stored patient monies in a safe within the clinic room. We observed staff interrupting the administration of medicines to gain access to the safe. This could lead to staff losing concentration when administering medicines.
- Rusper and Hookwood wards were the only wards which had seclusion facilities. The rooms allowed good levels of patient observation and had a two-way communication system for patients to speak with nursing staff. Patients on other wards requiring seclusion were transferred to these facilities by staff.
- Each ward had a two-shift rota of 12 hours with a half-hour crossover period for team handovers. The low secure wards had two qualified staff and three health care assistants (HCA) on day shift and one qualified staff and two HCAs on night shifts. Rusper ward had two qualified staff and three HCAs on day shifts and one qualified and three HCAs on nights. Hookwood ward had two qualified staff and two HCAs on day shifts and one qualified staff and two HCAs on night shifts. Capel ward alternated between two qualified staff and two or three HCAs on day shifts and one qualified staff and two HCAs on night shifts.
- The two low secure wards shared an additional floating member of staff on day times between 9am and 5pm. The ward managers allocated the staff member's time across the busiest ward to assist with duties such as escorted leave or when the ward had increased patient observations. The three medium secure wards had the same arrangement with one member of staff between 9am and 5pm.

Safe staffing

- Each ward team comprised eight or nine qualified mental health nurses with 14 or 15 health care assistants completing the team. Each ward had a ward manager and a deputy ward manager in place at the time of our inspection.
- There were 19 qualified nurse vacancies and 15 health care assistant vacancies in the hospital staffing establishment. This represented a vacancy factor of between 32% to 44% in each ward team. The vacant shifts were covered by bank staff and permanent staff working extra shifts, and also by agency staff. In the 15-week period between 1 August 2017 and 12 November 2017, 1057 shifts had been covered by bank staff and 610 shifts had been covered by agency staff.
- All bank and agency staff had completed the hospital induction programme and bank staff had completed the same mandatory training as permanent staff. The agency staff were employed on fixed term contracts which meant they were working regularly on the same ward and familiar to patients.
- Staff we spoke with said that retaining staff and recruiting replacements to fill vacant posts was a major challenge to working on the wards. The senior team told us that recruitment and retention was a key area for improvement and they had local and national recruitment events, and had introduced preceptor nurses to attract new staff.
- The average staff sickness rate on the five wards was 3%. The team with the highest sickness was Newdigate 1 ward with 6%. This was due to two staff who had been on long term sickness following incidents at work.
- We saw there was always a qualified member of staff on the floor of the ward during our inspection. The ward rosters showed that the staffing was at the numbers set by the hospital and managers told us that if they needed to request extra staffing they could do this at times when the ward was very busy or disturbed.
- Each patient had a consultant psychiatrist allocated to them. All wards had recently moved to having a named consultant for the ward meaning that every patient shared the same doctor. The ward managers said that this made communication quicker and easier. Some patients told us that the change to individual care reviews meant that their multidisciplinary ward rounds were now less frequent having moved to once per month.
- All permanent staff completed mandatory training in a range of courses which included management of aggression and violence, infection control, information governance, conflict resolution and de-escalation, equality diversity and human rights. Attendance rates for these were mostly over 85%. However the safer administration of medicines was at 60%, security training was at 75% and basic life support and defibrillator training was at 68%. We saw that staff had been booked to refresh their training on these courses.

Assessing and managing risk to patients and staff

Forensic inpatient/secure wards

- We reviewed 20 care records of patients from all five wards. All records we reviewed contained up-to-date risk assessments in care notes which had been regularly reviewed. These were stored in the electronic patient records.
- The tools used to assess the patient risks included assessments embedded as part of the electronic records system Care Notes, the short term assessment of risk and treatability (START) and the historical clinical risk management 20 (HCR20) which was completed with input from the psychology team. All of these were appropriate to the patient group being treated at the hospital.
- There had been 18 incidents of seclusion recorded at the hospital in the six months to the end of October 2017. Seclusion facilities were available on Rusper and Hookwood wards. Rusper ward recorded nine incidents of seclusion and Capel ward was second highest at four incidents. There were three instances of seclusion on Hookwood ward and two on the low secure Newdigate wards.
- In the six months to the end of October 2017 there had been 38 incidents of restraint recorded involving 21 different patients. Five of these were prone (face-down) restraints. Rusper ward recorded the highest use of restraint at 19 occasions with nine patients, which led to one episode of rapid tranquilisation following a prone restraint. Hookwood ward recorded eight restraints involving three patients, which led to one episode of rapid tranquilisation following a prone restraint.
- There was a strategy to review and reduce restrictive practices in place and the hospital director chaired a monthly meeting to guide a restrictive interventions reduction programme. One recent initiative had provided basic mobile phones to patients on both low and medium secure wards. This allowed patients to have more convenience and privacy whilst keeping in touch with family and friends. Any risks of patients using the phones inappropriately were managed by staff enforcing call blocking on an individual basis.
- All staff had recently received new training in the management of violence and aggression which included a greater emphasis on conflict resolution and de-escalation as a means to manage aggression. Staff we spoke with were very positive about the training they had received.
- We saw evidence that staff observations of patients were reviewed and set at levels to reflect the patient risk. All patients were reviewed once per hour as the standard frequency.
- Training data showed that 85% of staff had completed safeguarding children level three and 84% had completed safeguarding adults level three. Both these courses were refreshed every three years.
- Staff we spoke with were confident with the safeguarding procedures and how to report concerns.
- A pharmacist visited each ward once per week and reviewed the medicine charts for clinical and administrative errors. The ward manager and responsible clinician were informed of any issues.
- We reviewed the management of medicines on three wards and found that the recording, handling, storing and disposal of medicines was done in a safe way. A pharmacist visited the wards each week and carried out a clinical check of patients' medicine charts and provided a monthly audit of medicines with actions reported to the ward manager.
- We highlighted to the senior team concerns about the management of two patients' physical health medicines on one medium secure ward. Both patients required insulin injections to manage their diabetes conditions. One patient's care plan stated he was to have blood glucose tests twice daily and receive two insulin injections daily. However the patient had only agreed for staff to administer blood glucose tests 18 times in the last 90 days. There was no guidance on the medicine chart or the care plan to advise staff how to act in the absence of the blood glucose reading. The second patient had insulin written up on their medicine chart for a range of 15-26 units once per day. However there was no guidance for staff what dose they should administer and on frequent occasions the dose given had not been recorded on the medicine chart. We informed the registered manager that this was unsafe for both patients. The patients' care plans were reviewed and amended as a result of our feedback at the time of inspection.

Track record on safety

- There were 12 serious incidents reported at Farmfield in the 13 months prior to this inspection. These included patient assaults on other patients and staff, patients ingesting items such as a knife and an e-cigarette, missing keys, and patients not returning from periods of

Forensic inpatient/secure wards

leave. The most recent serious incidents which were still in investigation included a patient suffering a serious physical health condition that meant he needed to be taken to hospital by ambulance, and a patient's visitor assaulting staff.

- The security manager was responsible for safety and security issues and reported directly to the hospital director. She chaired a monthly security meeting attended by senior managers and representatives from each of the wards. We reviewed the minutes of the meeting which addressed issues relating to physical, procedural and relational security. Training and lessons learned from incidents were also discussed and clear actions recorded.

Reporting incidents and learning from when things go wrong

- Staff we spoke with were familiar with how to record incidents on to the hospital's electronic system, Iris. We saw that managers had banded the severity of incidents according to the guidance in the Elysium managing incidents and untoward occurrences policy. The policy also gave guidance on informing other bodies such as commissioners and regulatory bodies that incidents had occurred.
- When an incident involved a patient on the ward, the Iris system automatically created an incident entry on the patient's care notes. This ensured that patient records and patient risks were always up to date which helped keep patients and staff safe.
- Managers shared the outcomes of incident investigations with all staff by producing a lessons learned summary of the incident, its causes and any changes that the hospital and staff needed to implement. These were available in lessons learned folders in all the ward offices.
- Following recent incidents, changes had been made to procedures for staff to head count patients when leaving the garden areas, works were agreed to fit anti-barricade doors to the children's room where a recent assault on staff had happened, and a key fob alarm had been put on to keys which gave an audible alarm to prevent staff leaving the site with their ward keys.

Are forensic inpatient/secure wards effective?

(for example, treatment is effective)

Good



Assessment of needs and planning of care

- We looked at 20 care records from all five wards and found that care plans were in place for all of the patients. They were comprehensive and well written and there was evidence in the plan that the patients views had been sought and recorded, and that they had received a copy of the plan.
- For recently admitted patients there were records of physical health examinations on admission and ongoing monitoring of patients physical health. For those patients who had specific physical health issues these were recorded on the care plan. However in the case of some patients with diabetes we did not see all blood monitoring tests recorded at the frequency specified in the care plan.
- The hospital had a physical health co-ordinator to assist ward staff with monitoring and responding to patients' physical health needs. Also a GP visited each ward weekly and there were records in patients' files of referrals to the visiting GP and the outcome of the appointment.
- All patient information was securely recorded on a new version of Care Notes which had been introduced by Elysium. The system allowed integration with the hospital incident recording programme Iris so any incident affecting a patient could be tracked from their clinical notes.
- At the time of inspection the ward managers were introducing a new care planning tool called PathNav. This planning tool was completed in collaboration with the patient using a portable computer and included the patient's self-assessment of their needs and where they were on the recovery pathway from admission to discharge.

Best practice in treatment and care

- We looked at the medicine charts for 15 patients from Newdigate 1, Rusper and Hookwood wards and spoke with nurses administering medicines and the visiting pharmacist.
- The pharmacist carried out monthly medicines audits and communicated any actions required to staff at the

Forensic inpatient/secure wards

service. Nurses were trained to administer medicines safely and reported any medicines related errors appropriately, including informing the patient. Staff had access to medicines information, resources and could also contact the pharmacy service for advice outside of regular pharmacist visits.

- Staff were monitoring patient progress and the severity of their symptoms and responses to treatment by applying the Health of the Nation Outcome Scales (HoNOS). These assessments were completed on admission and subsequently every six months.
- The hospital had a co-ordinator for patients' physical health care.
- The psychology team offered group work and individual sessions for patients. Groups which were running during our inspection included coping skills, safety planning, cognitive behavioural therapy for psychosis and understanding and managing psychosis
- The Farmfield psychologists worked with the ward staff to complete the HCR20 risk assessments. This assessment tool helped clinical staff estimate the probability of a patient being aggressive and therefore helped staff develop plans to manage behaviours on the ward and promote safety.

Skilled staff to deliver care

- Each ward had access to a multidisciplinary team (MDT) including doctors, nurses, psychologists and social workers. Staff told us that the MDT generally worked well together and was supportive and responsive to the patient needs.
- The clinical staff and hospital doctors were experienced and trained in working with this particular client group.
- The psychologists provided staff training and staff debriefing after serious incidents. The training available to staff in 2018 included clinical risk assessment, substance misuse, and care plan training. The psychology staff had provided 44 staff debriefing sessions in 2017, the majority of these were one-to-one meetings with staff.
- There were significant vacancies in the occupational therapy department with four vacancies from a team of eight occupational therapists (OT) and therapy assistants. This meant that the activities normally delivered by OTs on and off the wards were limited. The nursing staff provided some ward based activities but patients told us that these were basic and often not well attended.

- All new staff received an induction programme and orientation to the ward and to the hospital and Elysium policies and procedures. This was also the case for bank staff and locum agency staff.
- Staff had access to individual supervision sessions with their line manager and also reflective practice groups chaired by psychology colleagues. The standard frequency of supervision was monthly, however the Elysium supervision policy was awaiting ratification at the time of inspection. Staff had a supervision passport which was a booklet which diarised their planned supervision activities and was signed upon completion. All staff we spoke with said they were receiving regular supervision however the hospital was below its target of 95% completion of monthly supervision sessions on all wards and in all departments: ranging from 64% on Capel ward to 91% in the psychology team.
- Staff appraisal rates were high and all staff who were due to receive an annual appraisal had completed this.

Multidisciplinary and inter-agency team work

- We observed a ward planning meeting which happened every morning on all wards. The daily planning meeting was led by an occupational therapist and focused on what activities were planned or available for patients on that day. These included board games, football and going for a walk. Patients were encouraged to choose what they wanted to do or make their own suggestions. The meeting was not attended by all the patients as many had chosen to stay in their rooms.
- Each ward also held a weekly community meeting which was attended by the patients and ward staff. Each ward had a link to a member of the senior management team and a representative attended the community meeting that we observed. The meeting was well organised and attended and patients were able to raise issues concerning safety on the ward, the quantity of food and received updates about what actions the hospital had taken to address any previous concerns they had raised.
- A weekly ward managers' meeting was chaired by the clinical services manager. The meeting was well attended and organised, and focused on updating the managers about changes and developments and future plans.
- The hospital had regular contact with the local Surrey safeguarding board and met quarterly to review the

Forensic inpatient/secure wards

progress of safeguarding investigations and discuss complex cases and themes arising from safeguarding concerns. This was also attended by a representative from the Police.

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

- All the patients at the hospital were detained under the Mental Health Act.
- Training for staff in the Mental Health Act was part of mandatory training and 87% had completed this training at the time of inspection. The training was refreshed annually. Staff showed a good knowledge of the Mental Health Act and how it was applied to the patients in their care. Unqualified staff said they could speak to doctors or qualified staff for guidance if they needed to.
- The hospital had a Mental Health Act administrator who had oversight of the paperwork and ensured that this was in good order and up to date.
- The consent to treatment paperwork was in good order and stored appropriately. Section 17 leave was authorised by the consultant psychiatrist via a standardised electronic system. It was unclear on the forms whether patients and carers had received a copy of the leave form. It was also unclear on some forms as to the terms of the leave authorised by the Ministry of Justice. This was pointed out to the Mental Health Act administrator by the CQC Mental Health Act reviewer.

Good practice in applying the Mental Capacity Act

- Training in the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS) was mandatory training for all staff and 80% were up to date with this training at the time of inspection. This training was refreshed annually.
- All staff that we spoke with were very familiar with the key principles of the Mental Capacity Act and were able to describe how they would use it with patients to make assessments about capacity in specific circumstances.
- There was evidence in patients' clinical notes that staff had used the Act to assess patients' capacity to consent to treatment, personal care and managing finances.

Are forensic inpatient/secure wards caring?

Good 

Kindness, dignity, respect and support

- We observed good interactions between staff and patients on the wards. Staff demonstrated a good knowledge and understanding of the needs of the patients and conversations between staff and patients were relaxed and respectful.
- Patients told us that staff were generally kind and caring and responded when they needed support or assistance. They told us that staff were polite and that they usually had time to meet one-to-one with patients.
- Some patients were concerned that they no longer had access to e-cigarettes and the free replacement nicotine replacement support provided by the hospital was soon to be ended. We saw that patients had been raising this issue with staff at forums such as the community meeting. The hospital had extended the availability of the nicotine replacement support.
- Patients had access to general advocacy and specialist Mental Health Act and Mental Capacity Act advocates. The names of these advocate and their contact details were on noticeboards in all wards.

The involvement of people in the care they receive

- All patients were encouraged to be involved in their care and there was evidence that patients had been engaged in the creation of their care plans in terms of setting goals. The care plans also set out how they would like to be treated when their mental health was poor.
- The hospital had adopted an additional care planning process called PathNav. This was an electronic care planning process with an emphasis on the patient and the staff assessing progress together from moving in to the service to moving out. The outcomes that would be measured included recovery, insight, problem behaviours, drugs and alcohol, independent living and physical health. Some staff had received training in using the new system and during our inspection the wards received new laptops to continue the work with patients.
- Patients were able to make daily decisions about what activities they preferred to do at morning meetings, and patient views were encouraged at the ward community meeting about how the ward was run and any concerns

Forensic inpatient/secure wards

or improvements they felt were needed. We saw that patients' views on the removal of free nicotine replacement therapy (NRT) had been raised by them to senior staff and that this had led to an extension of the provision of the NRT.

- Patients were able to make choices about their meals from a menu which was available on the ward. The hospital had recently stopped providing less healthy meal choices at lunchtime which was a strategy to address patients' high body mass indexes and the high occurrence of diabetes. Some patients we spoke with were finding it difficult to adjust to this and we saw them raising this issue in ward forums.
- All patients had a multidisciplinary care review meeting with the care team from the ward, including their doctor, every four weeks. During our inspection we saw that patients were encouraged and assisted by staff in preparing the issues and questions that they wanted to raise at the meeting.

Are forensic inpatient/secure wards responsive to people's needs?
(for example, to feedback?)

Good 

Access and discharge

- There were 50 beds occupied at the time of inspection which meant there was a 96% occupancy. The average bed occupancy in the last six months was 98%. All the beds were commissioned by NHS England and referrals were made through this route. The hospital provided a forensic inpatient service for Kent, Surrey and Sussex.
- The business development manager acted as a point of contact for new referrals and liaison to NHS England. All newly referred patients were assessed by two staff from Farmfield who were usually a consultant psychiatrist and a ward manager. The service had a target of two days from referral to assessment for new referrals and had met this for nearly 50% of the last 15 referrals. The average time from assessment to admission for these referrals was three weeks. Admission times and progress were dependent upon authorisation from the Ministry of Justice.
- The hospital received referrals from across the country and held a regular referrals meeting to establish the

progress of current referrals and assign staff to visit patients to carry out an assessment. The meeting also reviewed the progress towards discharge for those patients who were ready to step down from the service. At the time of inspection there were three patients referred to the medium secure wards, two of whom were awaiting an assessment. There was one referred patient on the waiting list for low secure wards. Three patients were awaiting step down services to become available before their discharge from Farmfield.

- Senior staff attended a weekly referrals meeting which reviewed the progress of open referrals and also the progress for discharge for those patients ready to step down from the service.
- There was a recovery pathway in place between the medium secure wards to the two lower secure wards. Patients experienced fewer restrictions as they progressed to the less secure environment such as unsupervised access to the ward kitchen area and periods of unsupervised leave.
- Staff and patients commented that more referrals of patients directly from prison were being admitted to the low secure wards than had previously been the case. In the last three months there had been one incident on a low secure ward involving a patient who had been transferred from prison to the low secure ward which had caused patients and staff some distress. Managers told us that patients would be stepped up to a medium secure ward if they were assessed as needing a higher security placement and we saw that this had happened on this occasion.
- The average length of stay per ward in November 2017 was: Capel - 429 days, Hookwood - 573 days, Rusper - 1642 days, Newdigate 1 - 913 days, Newdigate 2 - 2188 days. The length of stay on Newdigate 2 was affected by a single complex admission which the hospital was progressing with advice.
- There were discharge plans in patients' care plans and the new care planning tool PathNav emphasised this part of the patient journey. Staff told us that there were delays in discharging patients caused by identifying and funding suitable step-down services and the challenges of maintaining good communication with care teams who may be some distance from the hospital.

The facilities promote recovery, comfort, dignity and confidentiality

Forensic inpatient/secure wards

- All five wards had access to a good range of rooms and equipment. This included spaces for therapeutic activities and treatment. There were quiet rooms available where patients could meet visitors and a dedicated room to facilitate children's visits.
- There was a central hospital gym to which patients had escorted access. The staff who supported this activity had received training in using the equipment.
- A ward shop was open one day per week and patients were assisting in the running of the shop.
- Patients on both the low and medium secure wards had access to mobile phones which were supplied by the hospital. These were voice and text only. There was also a phone booth on the wards with a standard telephone for the use of patients.
- Patients had access to their rooms at any time using their own keys. Patients showed us that they had been able to personalise their rooms and store their possessions securely in a locked cupboard in their room. We did see that in some rooms there was a lot of electrical equipment and in some cases the electrical cables were exposed, and this had not been listed as a risk on the ward ligature assessment. We notified the ward manager of this at the time.
- Each ward had access to a secure garden which allowed patients to have supervised access to fresh air.
- Patients had mixed opinions about the food choices offered at the hospital. Some thought the food was good but others felt that the portion size had become smaller and wanted to have a return of hot meal choices at lunchtime. All patients had access to hot and cold drinks. On the low secure wards patients had unsupervised access to the ward kitchen and on the medium secure wards staff accompanied patients using the kitchen.
- Patients had regained access to the internet via a computer provided by the hospital. This had been unavailable for a period whilst the new provider established a safe protocol to allow patients access to the web. Patients were able to request three slots per week where they could book time to use the computer to access the internet.
- A timetable of daily activities was advertised on the ward noticeboard and patients had an individual timetable for activities. This included the therapeutic group and individual sessions with psychology, leave from the ward, and other ward based activities, such as, pool, games and table tennis, movie nights and

takeaways. Some patients we spoke with told us that they thought the activities were basic and repetitive and there was insufficient emphasis on education and learning new skills.

- Managers informed us that they were working to establish access for patients to a recovery college. The ward staff we spoke with had tried to compensate for having less access to occupational therapists by organising ward based activities themselves.

Meeting the needs of all people who use the service

- There were noticeboards on all the wards giving information about advocacy and patient rights, psychology and occupational therapy activities and treatments, and how to make a complaint.
- There was evidence in clinical notes that patients requiring an interpreter had received this support when requested.
- Information leaflets we saw were printed in English but staff told us that these could be printed in different languages dependent on the patient's needs.
- A multi-faith room was available for both patients and staff to meet their spiritual needs and a hospital chaplain and imam visited regularly.
- Staff we spoke with told us that patients could specify different meal choices to meet their needs. A varied menu was available which catered for the dietary needs of patients connected to their religion, and other patients with particular needs and preferences.

Listening to and learning from concerns and complaints

- The service reported 37 complaints in the 12 months prior to inspection. Of these 11 had been upheld or partially upheld, five were currently under investigation and 21 had not been upheld after investigation.
- We reviewed the Elysium complaints policy and five randomly selected complaints which had been received in 2017 and responded to by the hospital managers. We found that all five complaints had been investigated and responded to within the policy guidance and that patients had received a response to their complaint within the policy time frame.
- Most of the patients we spoke with said that they were confident in using the complaints process if they needed to and there was guidance on the ward noticeboards for making verbal or written complaints.

Forensic inpatient/secure wards

- On the ward complaints were recorded in a ward log book and kept in the staff office. Once the complaint had been resolved this was recorded and also how the patient had been informed of the outcome.
- The senior management team reviewed the complaints received at the monthly clinical governance meeting chaired by the hospital director.

Are forensic inpatient/secure wards well-led?

Requires improvement 

Vision and values

- The provider Elysium had launched their values of innovation, collaboration, empowerment, integrity and compassion. Ward managers we spoke with were aware of these and all had posters in their offices presenting and explaining the organisations values.
- The hospital had experienced a considerable amount of change since the last CQC inspection in 2016. In the last 18 months there had been three hospital directors and a change of clinical services manager. The hospital had also changed ownership to a new organisation, Elysium, with different policies and procedures to the previous provider.
- Staff said that the hospital senior team were visible on the wards and attended the weekly community meetings. Staff were less aware of the identity and roles of senior managers in the organisation external to the hospital.

Good governance

- The ward manager had access to good systems to help them manage the wards effectively. This included an electronic dashboard which reported a range of patient specific information to them. The information included the status of care plans and risk assessments, Mental Health Act information such as when section 132 rights were next due, and upcoming care programme approach meetings. This information also was summarised per ward and passed to senior managers and ultimately reported the ward performance to the board.

- There were effective processes in place to record staff training and appraisal, and also to record when staff had received supervision.
- Staff were confident in using the incident management reporting tool and this was integrated in to the patient electronic clinical notes. Safeguarding concerns were effectively reported and recorded and there were links with external agencies such as the local authority and the police.
- The senior management team and the ward managers attended a monthly clinical governance meeting. The standing agenda items included: feedback from other hospital meetings, complaints, quality improvement, risk management, supervision and training, and security. The actions agreed at each meeting were recorded in the minutes and an update on the progress was discussed at the beginning of the next meeting.
- There were however at the time of inspection a number of environmental risks which had not been responded to, or were known to the hospital managers but they had not put in place sufficient actions to mitigate the risks. These included a variation in the anti-ligature fittings in the patient bedrooms on the low secure wards, unregulated hot water in the patient bedrooms on the low secure wards, and hot water boilers on the wards which presented a hazard to patients.

Leadership, morale and staff engagement

- We observed good interactions on the wards between all grades of staff and professions. People spoke positively about the supportive relationships they had within the ward teams. The ward managers were accessible and involved in the everyday activities of running the ward.
- All staff we spoke with were confident that they could raise concerns and staff were aware of the whistleblowing policy. However they were less confident that concerns would be addressed in a satisfactory way by the senior team at Farmfield.
- More broadly, staff spoke of concerns and problems with engagement with the senior team and with the larger organisation, Elysium. Most staff we spoke with raised concerns and most staff expressed frustration that issues were not being adequately addressed by the hospital managers.
- A similar concern about staff engagement was shared by the senior management team. Alongside the impact of

Forensic inpatient/secure wards

problems recruiting new staff, the senior management team had identified staff morale and staff engagement as one of the services key weaknesses and an area they were focussed upon to make improvements.

- Some concerns raised by the staff centred on not feeling valued by the senior team at the hospital. This included in the manner in which the senior team chose to communicate by email and a belief that senior staff were not present frequently enough on the wards. Staff had concerns about how some Elysium policies were being implemented such as the staff search policy, the policy on restrictive practices and sought clarity on the policy on high risk items.
- The senior team supported a staff forum to provide a venue for people to raise their concerns and in the weeks before the inspection a group of senior managers from Elysium had been to speak with the staff group at the hospital in an attempt to improve communication and resolve issues such as some staff not signing contracts with the new provider.

- The provider had carried out a culture of care survey with the staff team in the period before the inspection but the results had not been analysed at the time of our visit.

Commitment to quality improvement and innovation

- Farmfield was a part of the Royal College of Psychiatry quality network for forensic health service, for both medium and low secure services, and participated in the peer review scheme.
- The service was working with NHS England on projects related to commissioning for quality improvements (CQUIN). These focused on the development of a recovery college, reducing length of stay and reducing restrictive practices.
- Farmfield also took part in the Elysium clinical audit schedule and completed audits were reviewed centrally and initiatives developed to improve the quality of care.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **MUST** take to improve

The provider must ensure that patients' physical health conditions are assessed and safely managed including providing clear treatment guidance for staff in care plans.

The provider must ensure that the environmental risks relating to the anti-ligature fittings and hot water temperature in patient bedrooms on the low secure wards are remedied.

The provider must ensure that patients have safe access to hot water for drinks on all wards.

Action the provider **SHOULD** take to improve

The provider should continue to work on improving trust and engagement between the senior team, the wider organisation, and all staff working at Farmfield.

The provider should ensure that staff reach their mandatory training targets in all topics.

The provider should ensure that sufficient qualified staff are available to offer a range of stimulating activities for patients.

The provider should ensure that patients and carers receive a copy of the Section 17 leave form, and that the terms of leave authorised by the Ministry of Justice are clearly recorded.

The provider should ensure that the smokefree policy is implemented in such a way that patients have access to nicotine replacement therapy that matches their individual needs.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The provider did not safely manage the physical health care conditions of patients with diabetes. In two cases there was insufficient guidance for staff to administer treatments in a safe way. This was a breach of Regulation 12(1)(2)b
Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance The provider had not addressed environmental risks in relation to anti-ligature fittings in patient bedrooms and water temperatures in patient bedrooms on the low secure wards. The water boilers on all wards were unsafe for patients to use. This was a breach of Regulation 17(1)(2)(a)(b)