Thornford Park

Quality Report

Thornford Park Hospital
Crookham Hill
Thatcham
Berkshire
RG19 8EP
Tel: 01635 860072
Website: www.thornfordpark@priorygroup.com

Date of inspection visit: 30 June, 7-9 and 23 July 2015
Date of publication: 30/10/2015

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	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 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 Thornford Park as good because:

- The wards were kept clean and well maintained and patients told us that they felt safe.
- There were enough, suitably qualified and trained staff to provide care to a good standard.
- Patients' risk assessments were robust and person-centred.
- The service had clear mechanisms to report incidents of harm or risk of harm and we saw evidence that the service learnt from when things had gone wrong.
- The assessment of patients' needs and the planning of their care was thorough, individualised and had a focus on recovery.
- We found evidence of best practice and that all staff had a good understanding of the Mental Health Act 1983 (MHA), the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS).
- Throughout all of the wards the multidisciplinary teams were consistently and proactively involved in patient care and that everyone's' contribution was considered of equal value.
- Staff were caring and motivated and we saw good, professional and respectful interactions between staff and patients during our inspection. We saw evidence of initiatives to involve patients in their care and treatment. These included the 'my shared pathway' recovery approach to care planning and daily ward briefings with all patients and staff.
- Staff had a confident and thorough understanding of how good relationships between patients and staff can support a secure environment.
- Bed management processes were robust and effective. The service model optimised patients' recovery, comfort and dignity. There was a clear care pathway through the service from medium secure wards to the least restrictive environments, such as the shared flats.
- The needs of patients were considered at all times. There was a varied, strong and recovery orientated programme of therapeutic activities available over seven days, every week.
- The service was particularly good at listening to concerns or ideas from patients and their relatives to improve services, with the exception of their feedback about the inconsistent quality of the food. When staff where able to; these ideas were implemented.
- Staff morale was good and staff felt well supported and engaged with a highly visible and strong leadership team, which included both clinicians and managers. Governance structures were clear, well documented, adhered to by all of the wards and reported accurately. This meant that the hospital had clear controls in place to know that the service was being delivered to a good standard.

However

- The use of plastic bin liners was inconsistent across the wards and no clear rationale was given as to why this was. (Plastic bin liners could be used as a means of suffocation if used to self-harm.)
- We received mixed comments from patients about how kind the staff were towards them.
- The quality of food remained inconsistent despite patient feedback about this.

Summary of findings

Contents

Good

Thornford Park

Services we looked at

Forensic inpatient/secure wards;

Summary of this inspection

Background to Thornford Park

Thornford Park Hospital in Crookham Hill, Thatcham, Berkshire, is part of the Priory Group.

The hospital has three medium secure wards, five low secure wards and two shared flats. It is for male patients only and has a capacity for 119 patients. Chieveley and Bucklebury wards are the medium secure admission wards and have 10 and 12 beds respectively. Hermitage ward is a medium secure step down and treatment ward with 14 beds. Theale ward is an acute, low secure ward with a focus on intensive care and has nine beds. Highclere is a low secure ward for older adults and has 17 beds. Burghclere and Headley wards are low secure and have 26 and 11 beds respectively. Kingsclere is a low secure pre-discharge ward and has 20 beds.There are eight rooms provided in two shared flats called Ashford and Midgham providing 8 semi-independent living beds. These are also within the hospital premises. Many of the patients had imposed Ministry of Justice and risk related restrictions in place in relation to their care and treatment, which they accepted did influence their relationships and perception of staff. We also noted, particularly on Bucklebury and Chieveley wards, where patients were first admitted that the severity of their illness was highly acute. The most adverse comments made about staff were from Bucklebury and Chieveley wards. Where patients spoke to us about their negative experiences of restraint and seclusion, and with the patient's consent, we fed these comments back to senior managers who undertook to speak to all of the patients about their experiences.

We have inspected the services provided at Thornford Park three times between 2010 and 2015. At the time of the last inspection, Thornford Park was fully compliant in meeting the essential standards inspected.

We have inspected four of the wards at Thornford Park from June 2014 to February 2015 through our Mental Health Act monitoring visits.

Our inspection team

The team that inspected the forensic/ secure inpatient wards consisted of ten people:

Four inspectors, one inspection manager, two nurses (both with experience of secure, high secure and forensic services), one Mental Health Act reviewer (on 30 June and 23 July) and two experts by experience. (An expert by experience is someone who has developed expertise in relation to health services by using them or through contact with those using them – for example as a carer).

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?

Summary of this inspection

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

During the inspection visit, the inspection team:

- Visited all eight of the wards and looked at the quality of the ward environment and observed how staff were caring for patients.
- Spoke with 40 patients who were using the service.
- Held a focus group for patients on one ward.
- Spoke with the managers for each of the wards.
- Spoke with 60 staff members including doctors, nurses, support time and recovery workers, support workers, occupational therapists, psychologists, pharmacists and social workers.
- Received feedback from three relatives.
- Spoke with two external commissioners.
- Interviewed the senior management team with responsibility for these services, including the hospital director and medical director.
- Held a focus group for six consultant psychiatrists.
- Held a focus group for psychologists, occupational therapists, star workers and social workers.
- Attended and observed seven multidisciplinary clinical meetings.
- Looked at 23 treatment records of patients, including medication records.
- Carried out a detailed and specific check of the application of the Mental Health Act on one ward.
- Carried out a follow-up inspection on seclusion practices on 23 July 2015.
- Looked at six staff records.
- Looked at a range of policies, procedures and other documents relating to the running of the service.

What people who use the service say

We spoke with patients and we received both negative and positive comments about their experience of care in Thornford Park. Some patients told us that they found staff were caring, kind, professional and supportive towards them. Other patients felt that restrictions placed on them, through the Mental Health Act, the Ministry of Justice (for patients sent to the hospital by a court) or both made it difficult to feel positive about their relationships with staff. Many patients felt actively involved in looking at choices for and making decisions about their care and treatment.

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?

Good

We rated safe as good because:

- Wards were clean and well maintained and patients told us that they felt safe.
- There were enough, suitably qualified and trained staff to provide care to a good standard.
- We found that patients' risk assessments and formulations were robust and person centred.
- The service had clear mechanisms in place to report incidents and we saw evidence that the service learnt from when things had gone wrong.

However:

- The use of plastic bin liners was inconsistent across the wards and no clear rationale was given as to why this was. (Plastic bin liners could be used as a means of suffocation if used to self-harm.)

Are services effective?

Good

We rated effective as good because:

- The assessment of patients' needs and the planning of their care was thorough, individualised and had a focus on recovery.
- There was evidence of best practice and that all staff had a good understanding of the Mental Health Act 1983 (MHA), the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) and the associated Codes of Practice.
- Throughout all of the wards multidisciplinary teams were consistently and pro-actively involved in patient care and that everyone's' contribution was considered of equal value.

Are services caring?

Good

We rated caring as good because:

- The staff were caring and motivated and we saw good, professional and respectful interactions between staff and patients during our inspection.

Summary of this inspection

- We saw evidence of initiatives implemented to involve patients in their care and treatment. These included the 'my shared pathway' recovery approach to care planning and daily ward briefings with all patients and staff.
- We found a confident and thorough understanding of relational security with all of the staff we spoke with.This meant that staff had a confident and thorough understanding of how good relationships between patients and staff can support a secure environment.

However:

We received mixed comments from patients about how kind the staff were towards them

Are services responsive?

Good

We rated responsive as good because:

- Bed management processes were robust and effective.
- The service model optimised patients' recovery, comfort and dignity.
- There was a clear care pathway through the service from medium secure wards to the least restrictive environments, such as the shared flats.
- The needs of patients were considered at all times.
- There was a varied, strong and recovery orientated programme of therapeutic activities available over seven days, every week.
- The service was particularly responsive to listening to concerns or ideas made by patients and their relatives to improve services. We saw that when staff where able to, these ideas were taken on board and implemented.

However:

- The quality of food remained inconsistent despite patient feedback about this.

Are services well-led?

Good

We rated well-led as good because:

- Staff morale was good and staff felt well supported and engaged with a highly visible and strong leadership team, which included both clinicians and managers.

Summary of this inspection

- Governance structures were clear, well documented, adhered to by all of the wards and reported accurately. This meant that the hospital had clear controls in place to know that the service was being delivered to a good standard.

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.

- We checked 23 of the files of detained patients on all of the wards and carried out a specific Mental Health Act review on Burghclere ward to ensure that appropriate documentation reflected what was required in the Mental Health Act and Code of Practice. In most cases, it was correct; where it was not, the deficiencies were minor. There were systems to ensure compliance with the Mental Health Act. Regular ward audits of Mental Health Act 1983 paperwork had been introduced and this enabled staff to ensure that the requirements of the act were being met. Detention papers were available for inspection and were in good order.
- Patients had their rights read to them every six months. For one patient who refused to discuss his rights, staff made an up to date attempt almost monthly to ensure that he was as informed as possible. Another patient did not have an up to date discussion about his rights when he was transferred to Burghclere ward from a medium secure ward within the hospital. We spoke with the unit manager about whether this was considered to be a significant change that would trigger a repeat discussion. The manager explained that any increase in level of security would trigger a discussion but if a patient was moved to a less restrictive ward then a discussion would be held after six months. This was good practice.
- The hospital operated a system for ground leave within the perimeter fence. Each patient had an absent without leave pack prepared. The system for authorising Section 17 leave was thorough and well completed. However, we found out of date authorisations mixed in with the current forms in the same folders. When the wards were busy, this could have led to unauthorised leave being given. We had also brought this to the attention of the provider on a previous visit.
- Authorisations from the Ministry of Justice for restricted patients were not in the leave folders for five patients. We spoke with managers about this who confirmed that keeping copies of the authorisations in the folder so that they could be easily reviewed was part of the hospital's practice.

Mental Capacity Act and Deprivation of Liberty Safeguards

- Two of the patients whose notes we reviewed required authorisation for medication. The third did not have any medication. For one of the two we found a completed form confirming capacity and a very detailed record of the discussion between the patient and the responsible clinician. For the second there was a completed form but no record of the discussion.
- There were good assessments of capacity to consent to physical treatment, which demonstrated a good understanding of the Mental Capacity Act. A patient who lacked capacity had received a full capacity assessment and best interest assessment specific to physical treatment. A patient who declined physical care also had a full capacity assessment, and it was confirmed that he had capacity to make the decision to refuse treatment. For another patient a very detailed assessment of whether he had capacity to make a 'do not attempt cardiopulmonary resuscitation' agreement was documented.
- However, we found that one patient's file did not have a record of the discussion with the responsible clinician to establish capacity to consent to treatment. Where approved clinicians certify the treatment of a patient who consents, they should not rely on the certificate as the only record of their reasons for believing that the patient has consented to the treatment. A record of their discussion with the patient, including any capacity assessment, should be made in the patient's notes.

Detailed findings from this inspection

- All clinical staff had received training in the use of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards and over 95% of eligible staff were up to date with refresher courses. We thought that this level of compliance with training was very good.

Overview of ratings

Our ratings for this location are:

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

Notes

Good

Forensic inpatient/secure wards

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

Are forensic inpatient/secure wards safe?

Good

Safe and Clean ward environment

- The physical and procedural security at Thornford Park was provided to a consistently good standard. Staff applied robust operational policies and procedures effectively which ensured the safety of patients, visitors and staff. We saw a comprehensive range of effective procedures across the service which enabled staff to establish and maintain clear boundaries across the site.
- There was a single main entrance to enter and exit the hospital with a double airlock operated by a central control room. An airlock is an additional locked room to pass through before gaining access or exit to or from the hospital. This strengthens security in and out of the hospital. Thornford Park had a dedicated security team who co-ordinated the entry and exit of all staff, patients and visitors. There was a separate dedicated entrance for staff, which also had an airlock and was centrally controlled and monitored. Staff signed into reception using automated fingerprint recognition. The entrance environment for patients, visitors and staff was welcoming, with comfortable furniture, lockers for storing personal belongings, cold water to drink, bathroom facilities and a variety of relevant leaflets and information. There was a high degree of professionalism from the security staff and that the area operated efficiently.
- All areas of the hospital were within the secure, external perimeter fence and a circulation route was available, enabling access for patients and staff around the whole site.
- Enhancements to security had been made following an absconsion incident which occurred in 2014. The estates strategy included planned work to increase and improve outside lighting and CCTV. This was due to happen within a six month period.
- The layouts of the wards enabled staff to observe the majority of the ward areas. Where observation was restricted risk mitigation plans had been put in place. Burghclere ward, with 26 beds, was a particularly long ward. We spoke with staff who explained the use of enhanced staff presence and visibility to mitigate the associated risks of such a large ward area.
- The staff office door on Chieveley ward did not automatically close. On two occasions, whilst our inspector was in the office, the door was left open. This meant that patients could have gained access to the area which contained confidential information and items which could cause harm such as ligature cutters. We raised this with the senior management team and remedial action was taken promptly and an automatic door closer was fitted.
- All wards had ligature risk assessments. Specific action to be taken to mitigate the risks identified were detailed. Anti-ligature works were being implemented whilst bedroom refurbishments were taking place on a planned basis.
- All wards were gender specific and male only.
- Emergency equipment was stored in all wards in well-equipped clinical rooms. An automated external defibrillator and anaphylaxis pack were in place. All

emergency equipment was checked daily to ensure it was fit for purpose and could be used effectively in an emergency. However, we noted that three wards had out of date suction tips and we brought this to the attention of staff who took immediate action to arrange in-date replacements.

- Thornford Park had one seclusion suite, sited between Chieveley and Bucklebury wards which was located away from main thoroughfares and was in an area that was not visible to other patients. The seclusion suite had a large reception or de-escalation area and the seclusion room was more than 15 square meters in size (recommended size). There were good sight lines for observation throughout the suite. There were staff present throughout a period of seclusion and the staff were able to see and hear the patient at all times. The seclusion room had natural light, air conditioning, toilet and shower facilities, digital lighting and a visible clock which also had the date on show. The windows in the seclusion room were scratched and we were told they are regularly replaced to avoid any constraints to good observation. Safe clothing and bed linen were available for use and that these were tear proof. Large beanbags were used during restraints to lessen the likelihood of injury to the patient and attending staff. The seclusion suite had tamper-proof mechanical and electrical services fittings. The lighting, water and electrical override controls were external to the suite. A metal hatch on the bottom of one of the seclusion room walls was used to pass through food, water and medication to patients. We questioned whether this could be demeaning for patients and discussed this with staff. Staff told us that the ability to pass items of refreshment or medication through to the patient, without the additional stimulation of opening the door, had achieved a reduction in violent incidents in the suite.
- Thornford Park had two additional extra care areas on Theale and Hermitage wards. These areas were used for de-escalation and provided a quiet, low stimulus space, for patients experiencing high levels of arousal who did not require a period of seclusion. The areas were used appropriately and in keeping with the Mental health Act Code of Practice guidance. The rooms had a small lounge area and ensuite bedroom. We did receive some adverse comments from staff about this room on Theale ward. The door to the bedroom opened inwards making the available space very small should restraint be required. Additionally, staff had made requests to purchase appropriate furniture to manage the area in a more efficient way. The clock in the Theale ward room was only visible from the lounge area.
- There was inconsistency in the use of plastic bags across all of the wards. We were told plastic bags were used as bin liners in communal areas where staff would provide supervision at all times. However, we saw that bathrooms, which were not supervised at all times, also had plastic bags used as liners, which could present as a risk to patients.
- At the time of our inspection all of the ensuite showers on Highclere ward could not be used. A recent health and safety audit had concluded that the step up showers were a significant risk to slips, trips and falls. This was particularly pertinent given that over half of the older adult patients on Highclere had mobility needs identified. The showers were being refurbished into level wet rooms, one at a time. As an interim measure a shower was available for use in one of the bathrooms that all could use.
- All wards were well maintained and clean throughout with the exception of some areas on Highclere ward. Elsewhere, furniture, fixtures and fittings were of a good standard. Staff conducted regular audits of infection control and prevention and staff hand hygiene to ensure that patients, visitors and staff were protected against the risks of infection.
- The sluice room on Highclere ward was poorly organised and untidy. A variety of blue and red coloured mop heads were placed together on shelves and others in buckets on the floor. It was not possible to see which mop heads were clean or dirty. There were no green mop heads available to be used in catering areas. The area was dirty with some areas heavily stained. We raised concerns about this room to staff who advised us that the situation would be rectified quickly. We returned to the room later during the day and it had been cleaned and tidied.
- The kitchen area on Highclere ward was in need of refurbishment. For example, the lino flooring was not flush to the wall and we could see food debris caught in-between.
- We observed very old and stained equipment in Highclere ward. For example, we saw a commode in one bathroom which was rusted, stained and had

miss-matched parts. It appeared that equipment was not individualised and could have posed a risk associated with poor infection control. We asked for an equipment cleaning schedule for the ward and were told there was not one available. Staff advised us that the equipment would be replaced.

- The staff in the other wards carried out a range of environmental and health and safety audits and risk assessments, including checks on standards of cleanliness.
- Alarms were available in each room on the wards and all staff carried alarms. We were told by staff that alarms are responded to in a timely manner and this is what we saw when an alarm was activated. We were told by staff that the alarm system was inactive in the garden area of Theale ward.
- All wards participated in regular health and safety meetings and that overarching hospital meetings took place monthly.

Safe Staffing

Key Staffing Indicators

- Across Thornford Park the establishment figure for qualified nurses was 80 and 117 for nursing assistants. There were 27.5% vacancies for qualified nurses and 21% for nursing assistants. 635 shifts were filled by temporary staff and no shifts were uncovered by staff. The sickness rate was 5.6% and the staff turnover rate 24%. We looked at the Thornford Park workforce action plan which laid out initiatives to recruit and retain staff. The high staff vacancies and turnover had been identified as a high risk and was on the risk register for both Thornford Park and the Priory Group.
- Whilst acknowledging shifts were extremely busy most staff we spoke to said there were sufficient staff to delivery care to a good standard.
- Robust arrangements were in place, to provide effective governance processes and support to clinical staff. This support enabled clinical staff to have time released to be able to prioritise the care and treatment of their patients.
- The service had a comprehensive and thorough workforce plan which described the workforce strategies required to ensure successful delivery of services in an effective way whilst maintaining the highest of standards of care.
- We viewed the forensic service recruitment and retention action plan which showed us that an ongoing recruitment process had been introduced to ensure vacancy levels decreased. We noted initiatives such as international recruitment drives and open events which had been well attended.
- The forensic service line had a staff retention strategy that encouraged engagement with staff and listed several retention initiatives. These included staff forums, remuneration and benefits packages, staff social committee and training and development opportunities.
- Vacancy levels were at 20% and turnover of staff was 24% for the preceding year. When temporary staff were used we saw that the providers own staff were called upon and we saw that no incidents of shifts being uncovered on any ward. The provider was also offering agency staff short term contracts to ensure they were familiar with patients' needs and the hospital.
- We looked at six staff files found them completed appropriately and to a good standard. All the appropriate checks which should have been undertaken before staff had commenced employment had been made. These included thorough identity checks, references, educational certificate checks, completion of health questionnaires and satisfactory disclosure and barring service clearance.
- We were told by the ward managers and doctors that senior managers were flexible and responded well if the needs of the patients increased and additional staff were required. We were given an example were clinicians could enhance observation levels, for patients, by staff, when first admitted to the hospital to ensure safe and thorough risk assessing could occur.
- We noted sickness absence rates for the year to January 2015 for all wards averaged at 5.6%. Managers told us they recognised this figure was high and that they are carrying out more analysis to understand why.

- The staff told us it was not always possible to escort patients on leave at the particular time they required. Staff kept cancellations of escorted leave to an absolute minimum. We noted this was not routinely recorded.
- All patients were offered and received a one-to-one session with a member of staff every day.
- Staff that had been trained in the use of physical interventions were identified on the rota to ensure there were sufficient staff available if required to assist.
- Medical staff told us that there were adequate doctors available over a 24 hour period, seven days each week who were available to respond quickly on the ward in an emergency.

Assessing and managing risk to patients and staff

- Eleven incidents of seclusion took place in the last six months and 233 incidents of long-term segregation. There were 48 incidents of restraint and two of these were in the prone position.
- Relational security was practiced to a good standard across all wards and staff actively promoted de-escalation techniques to avoid restraints and seclusion where possible. We saw evidence that all staff were trained in promoting safer and therapeutic services. We noted 11 incidents of seclusion, over the preceding six months, four on Theale ward, two on Burghclere, Chieveley and Bucklebury wards and one episode of seclusion on Headley ward. There were 48 incidents of restraint across six wards, involving 17 patients, 15 on Bucklebury ward, 14 on Theale ward, 10 on Chieveley ward, five on Highclere ward, three on Headley ward and one episode of restraint on Burghclere ward. Of the total restraint incidents, two resulted in patients being restrained in the prone position. None of the prone restraints involved rapid tranquilisation.
- We looked at the seclusion policy and tracked two patients, who had been secluded and looked at their care records in detail. We found the records of seclusion were detailed and appropriate, adhering to the providers' seclusion policy and associated protocols. The identified interventions were appropriate in order to meet the patient's needs at the time of the seclusion periods.
- Theale and Hermitage wards had an area called the enhanced care area. The areas had a small lounge area and separate ensuite bedroom. We looked at the protocol available for use of these areas and tracked the care records for three patients who had used the areas. The care records were detailed, appropriate and in keeping with the provider's policy and associated protocols for use of the areas.
- Where a patient from a ward required seclusion in the only seclusion suite the patient would need to be transferred to the suite. The hospital called this a restricted movement. There was a detailed process for this in the policy on internal escorting of patients. When a restricted movement was planned, all the wards were informed so that any patients on ground leave would be asked to move to another area allowing a clear route through. This maintained patient dignity as much as possible.
- Two patients we spoke with told us that they had been hand cuffed prior to going into seclusion. We looked at a number of the providers' policy in relation to the use of mechanical restraints/soft cuff usage and found that they were comprehensive and detailed. We tracked the care records for the two patients we spoke with and found that the identified interventions were appropriate in order to meet the patient's needs at the time. We examined the records which detailed the use of the hand cuffs and other records for the seclusion period for both patients and found them contemporaneous, detailed and appropriately completed to a good standard. We saw that decision-making processes regarding interventions involved the multi-disciplinary team and that risk assessments had been reviewed and updated accordingly. The use of handcuffs required authorisation from the hospital and medical directors. We found therefore sufficient evidence that hand cuffs were only used when necessary and in line with the Code of Practice of the Mental Health Act 1983.
- We looked at the tear-proof clothing, called safe clothing at the hospital, and the guidance for usage was clearly stated in the provider's seclusion policy and met the requirements of the Mental Health Act Code of practice. We did note that the Code of Practice stated that such a decision should be authorised by the patient's responsible clinician. The provider's policy was slightly different in that it said that where the patient

gives consent, the nurse in charge should 'document the discussion with the clinical team on duty and decision made' and the responsible clinician to be informed. Only if the patient did not consent did the policy say authority must be gained from the responsible clinician.

- We looked in detail at the care records of one patient who was subject to a longer term segregation arrangement. We saw that the patient was not appropriately placed at Thornford Park and that arrangements were underway to source a specialist and more appropriate placement. The patient was able to access communal areas of the ward under the supervision of two staff. We saw that a best interest assessment for the purposes of the Mental Capacity Act 2005 Deprivation of Liberty Safeguards had taken place, prior to implementation of the long term segregation care plan. We also saw evidence that the patients family had been involved in discussions with the clinical team and that commissioners of services were overseeing the arrangements and processes for finding an alternative placement.
- We sampled 23 electronic care records across all of the wards and noted that all patients were detained under the Mental Health Act. We found a comprehensive risk assessment in place for all patients on admission. We saw that all patients, where they had wanted to, and, had consented to, had been involved in the risk assessment process.
- Risk formulations were good and used structured professional judgement risk assessment schemes, which all staff we spoke to had been trained to use. We saw evidence that a structured decision support guide, called HCR-20 was used to assess risk factors for violent behaviour. We saw that the structured assessment of protective factors was used to help reduce the risk of any future violent behaviour as well as offering guidance for treatment and risk management plans. The risk of sexual violence protocol was in place and that all patients received the short-term assessment of risk and treatability. All of this information was reviewed regularly and documented in the electronic care record system (Care notes). The reviews of risk were part of the multi-disciplinary care review process and noted that the structured professional judgement assessment schemes were recommended good practice by the Department of Health for implementation in forensic and secure setting.
- We looked at the standards laid out for forensic and secure inpatient care which detailed the level of engagement and assessment patients could expect to receive when admitted into the wards.
- Were patients had wanted to; they had participated in a joint staff and patient training initiative on collaborative risk assessing. 75 patients went through the education and awareness session highlighting the importance of patient involvement in risk assessing.
- Any blanket restrictions on the medium and low secure wards, such as contraband items and locked doors to access and exit the ward doors were justified and clear notices were in place for patients explaining why these restrictions were being used. Staff proactively attempted to keep blanket restrictions to a minimum. For example, we saw that the patient kitchenette areas were open for use at all times. Patients were able to purchase technological and electronic equipment as they wished, such as DJ mixing equipment and outdoor radio controlled racing cars.
- The low secure wards and in particular Kingsclere ward, the pre-discharge ward, had negotiated less restrictive environments for their patients. Many patients had their own electronic fobs to gain access in and out of their wards and to communal areas of the hospital, including the dining room and activity areas. Patients were individually risk assessed to be able to prepare their own meals and develop skills to enable a successful discharge into the community. Two shared flats were available for eight men to live in prior to their discharge into the community. We spoke to patients in the flats who told us they have a good deal of autonomy in managing their own lives as independently as they can, supported by staff.
- We observed that a situation of risk had occurred in one of the shared flats. We raised this situation with the senior management team and immediate action was taken to review the incident and take action to mitigate the identified risk.
- Staff told us that, where particular risks were identified, measures were put in place to ensure the risk was safely

managed. For example, the level and frequency of observations of patients by staff were increased. Individual risk assessments we reviewed took account of patients previous risk history as well as their current mental state.

- All the staff we spoke with were able to describe what constitutes abuse and were confident in how to escalate any concerns they had. All staff had received training in safeguarding adults at risk and were aware of the trust's safeguarding policy. We noted in the preceding year 36 safeguarding concerns were raised, all currently closed.
- We checked the management of medicines on all of the wards and looked at 16 medication administration records. There were two errors. The first error was on Bucklebury ward where a medicine had been signed as given under the injectable route section and not the oral route section. This was brought to the attention of staff who reported the error as an incident. The second error was an unsigned controlled medication entry on the stock control book on Highclere ward which we again brought to the attention of staff. Otherwise, medicines were administered safely.
- The medicines were stored securely on all of the eight wards we visited. Daily checks were made of room and refrigerator temperatures to ensure that the medicines remained suitable for use. Appropriate emergency medicines and equipment were available on all wards and we saw that they were checked regularly to ensure they were in date and suitable for use. We saw that all medicines needed were available. We looked at the ordering process and saw the process for giving patients their regular medicines and we heard about the information they were given about their medicines.
- A pharmacist visited the hospital weekly. We spoke with the pharmacist and saw evidence of the checks and interventions that they made during their visits. The information from these visits was fed back to the nurses and doctors each week and that any necessary action had been taken promptly. All the records showed that medicines were frequently reviewed.
- Patients were provided with information about their medicines. We observed this in a discussion in a multidisciplinary care review. Staff discussed changes to the patients' medicines with them and provided leaflets with more information.
- For any patients wanting to see children from their family the processes and protocols had been put in place to accommodate this. Each request was risk assessed thoroughly to ensure a visit was in the child's best interest. Separate and secure family rooms were available away from the ward areas.

Track record on safety

- 16 serious incidents had been reported over the preceding year. 11 of these incidents concerned physical or verbal assaults between patients and alleged assaults between patients. Over half of the reported incidents were from Chieveley ward. One serious incident involved a patient who had caused considerable damage on Kingsclere ward. The service reported one incident on Bucklebury ward where a patient managed to abscond over the perimeter fence, using a handmade rope. This incident was in July 2014 and was reported as a never event. Never events are serious and largely preventable patient safety incidents that should not occur if the available preventable measures have been implemented.

Reporting incidents and learning from when things go wrong

- All staff we spoke with knew how to recognise and report incidents on the trust's electronic recording system. All incidents were reviewed by the ward managers and forwarded to the senior management team. The system ensured that senior managers within the organisation were alerted to incidents in a timely manner and could monitor the investigation and response to these.
- We were told by the quality director that lessons learnt from incidents were shared at the regular clinical governance meetings at Thornford Park. We saw evidence that following the serious incident involving the patient absconsion in 2014 that an extensive action plan had been developed and implemented. This included a capital works programme to increase the height of the perimeter fence, improve lighting, installation of additional CCTV and cascade training to all staff on risk assessing and physical security. All staff we spoke to were familiar with this action plan and the lessons learnt from the incident in order to prevent a reoccurrence.

Good

Forensic inpatient/secure wards

A series of serious incident briefings were sent regularly to all wards with details of incidents and learning identified with associated action plans.

Are forensic inpatient/secure wards effective?

(for example, treatment is effective)

Good

Assessment of needs and planning of care

- Patients' needs were assessed and care was delivered in line with their individual care plans. Records showed that all patients received a physical health assessment and that risks to physical health were identified and managed effectively. We saw that in addition to psychiatrists working as part of the multi-disciplinary teams, general practitioners visited the hospital twice a week to run physical health clinics on site. Care plans were available for those patients with an identified risk associated with their physical health. General practitioners had access to the electronic care records and could input their contribution directly into the care records. The hospital had a designated and dedicated physical health co-ordinator and that physical health meetings were held monthly.
- Care plans were personalised, holistic and recovery focussed. All wards used the care programme approach as the overarching method for planning and evaluating care and treatment. We saw that the wards had begun to use a nationally recognised good practice recovery tool called, 'My shared pathway'. This process focussed on a patient's strengths and goals. The approach is a way of planning, following and managing an admission through secure services, looking at recovery, health, relationships, safety and risk. All of the wards had started looking at three domains in the overarching model and planned to roll out the entire approach over coming months. We spoke to patients about the care planning process and received mixed views and feedback about how recovery focussed their plans were and whether they were encouraged to be fully involved in planning and evaluating care and treatment.
- Another recovery tool was in partial use across the wards, called 'the recovery star'. This approach was primarily used by the occupational therapy staff. We looked at some of the care plans emerging from the use of this tool and also some care plans from the my shared pathway documentation and found some inconsistencies between the care plans from both approaches and also encountered some confusion from staff when we asked them about the two methodologies. This may enable the one recovery tool to become fully embedded and develop strong and robust foundations before adding additional tools to compliment the model.

Best practice in treatment and care

- We saw evidence that NICE guidance was followed when medicines were prescribed.
- Patients had access to a good variety of psychological therapies either on a one to one basis or in a group setting, as part of their treatment and psychologists, occupational therapists and activity therapists were part of the multi-disciplinary team and were actively involved. There was evidence of detailed psychological assessments and assessments of neuropsychological functioning. Specific psychological therapy work was available for a variety of offending behaviour.
- General practitioners attended the hospital twice a week and provided physical health care clinics for patients. Regular physical health checks were taking place where needed. We noted a physical health care nurse co-ordinator regularly audited adherence to the required hospital protocol. Regular physical healthcare meetings took place.
- 100% of patients were assessed using the health of the nation outcome scales (HoNOS). These covered twelve health and social domains and enabled clinicians to build up a picture overtime of their patients' responses to interventions.
- Staff participated in wide range of clinical audit to monitor the effectiveness of services provided. We saw that all staff participated, at least weekly, in reflective practice sessions to also evaluate the effectiveness of their interventions. An annual audit calendar detailed the annual audit schedule. Audits included reviewing reducing restrictive practices, adherence to the Mental Health Act Code of Practice, evaluating the effectiveness of clinical supervision and the effectiveness of a variety of health and safety practices and protocols

Good

Forensic inpatient/secure wards

- Hospital wide and individual ward clinical governance meetings were held monthly and incorporated feedback and discussion, which included clinical effectiveness, patient safety and patient experience. In addition the hospital participated in a quarterly secure service line clinical governance meeting with a range of other Priory forensic hospitals.
- A clinical governance bulletin was published monthly and circulated to all wards. The content included updates on patient involvement and experience, health and safety updates, training dates available, recent incidents, staff achievements, best practice examples and service developments.
- Areas of best practice discussed at the clinical governance meeting included person centred care planning, assessing and managing risk, medication and associated protocols and engaging family and friends. All of these areas had associated audits which identified areas of best practice and other areas to work on to further improve the quality of service provision.
- The 2015 quality objectives identified for Thornford Park included roll out of the leadership development programme for ward managers, improving feedback from patients in real time using hand held devices and implementing positive behavioural support plans across all of the wards.
- Regular audits took place which scrutinised adherence to the forensic service line CQUIN framework (commissioning for quality and innovation). The areas covered included, cardio metabolic assessment for patients with schizophrenia, communication with general practitioners, the friends and family test, collaborative risk assessments, carer involvement and pre-admission formulations of need.

Skilled staff to deliver care

- We saw evidence that the forensic, secure wards had access to a wider multidisciplinary team which included occupational therapists, psychologists, activity co-ordinators, star workers, social workers, other therapists and pharmacists.
- Staff received appropriate training, supervision and professional development. Over 90% of all staff had updated mandatory training refresher courses recorded. We saw that staff were also encouraged to attend longer internal and external training courses.
- We were invited to attend a session with a group of new employees undergoing their induction which we did. The seven day induction programme detailed, thorough and comprehensive. Staff told us they found the induction programme particularly helpful in preparing them to provide high quality care for patients and the calibre of the training staff was exceptional.
- All staff we spoke with said they received individual and group supervision on a regular basis as well as an annual appraisal. All staff participated in regular reflective practice sessions where they were able to reflect on their practice and incidents that had occurred on the wards. We noted that 98% of ?all staff had received an appraisal.
- All wards had a regular team meeting and all staff described morale as good with their team managers being highly visible, approachable and supportive.
- All wards had multi-disciplinary team away days and that regular managers' workforce development groups took place.
- We saw a set of objectives to improve staffs' experience of working at Thornford Park, which included, improving staff perception that the company takes health, safety and wellbeing seriously, ensuring that staff feel motivated to do a good job and that staff would want to remain working with the organisation in a years' time. These objectives were formulated from the outcomes of the 2014/5 staff survey. The response rate for the staff survey was low at 29%.
- Senior managers told us they were performance managing a small number of capability issues at the time of our inspection.

Multi-disciplinary and inter-agency team work

- The hospital had fully integrated and adequately staffed multidisciplinary teams throughout the wards. Regular and fully inclusive team meetings took place. We observed care reviews and clinical hand over meetings on most wards and found these to be highly effective and involved the whole multi-disciplinary team.
- We observed that all members of the multidisciplinary team were given space and time to feedback and add to discussions in meetings. We noted that everyone's contribution was valued equally. There was clear clinical leadership on the wards without any negative impacts of a hierarchical structure.

Good

Forensic inpatient/secure wards

- We observed inter-agency working taking place, with primary care as a particularly positive example.

Adherence to the Mental health Act and the Code of Practice

- We checked some of the files of detained patients on all of the wards and carried out a specific Mental Health Act review on Burghclere ward to ensure that appropriate documentation was in place to reflect what was required in the Mental Health Act and associated Code of Practice and in most cases, this was correct. Where it was not the deficiencies were minor. Regular ward audits of Mental Health Act paperwork had been introduced and this enabled staff to ensure that the requirements of the act were being met. Detention papers were available for inspection and were in good order.
- There was evidence that patients had their rights read to them every six months. For one patient who refused to discuss his rights, staff made a repeated attempt almost monthly, to ensure he was as informed as possible. Another patient did not have an up to date discussion about his rights when he was transferred to Burghclere ward from a medium secure ward within the hospital. We spoke with the unit manager about whether this was considered to be a significant change which would trigger a repeat discussion. The manager explained that any increase in level of security would trigger a discussion, but if a patient was moved to a less restrictive ward, then a discussion would be held after six months. This was good practice.
- The hospital operated a system for ground leave, within the perimeter fence and for section 17 leave. Each patient had an absent without leave pack prepared. The system for authorising section 17 leave was thorough and well completed. However, we found out of date authorisations mixed in with the current forms in the same folders, and when the wards were busy this could have led to unauthorised leave being given. This was disappointing as the same issue had been found on our previous visit.
- Authorisations from the Ministry of Justice for restricted patients were not in the leave folders for five patients. We spoke with managers about this who confirmed that keeping copies of the Ministry of Justice authorisations in the folder would be good practice so that they could be easily reviewed.

Good practice in applying the Mental Capacity Act

- Two of the patients whose notes we reviewed required authorisation for medication. The third did not have any medication. For one of the two we found a completed form confirming capacity and a very detailed record of the discussion between the patient and the responsible clinician. For the second there was a completed form, but no record of the discussion.
- Good assessments of capacity to consent to physical treatment demonstrated a good understanding of the Mental Capacity Act. A patient who lacked capacity had received a full capacity assessment and best interest assessment specific to physical treatment. A patient who declined physical care also had a full capacity assessment, and it was confirmed that he had capacity to make the decision to refuse treatment. For another patient a very detailed assessment of whether he had capacity to make a do not attempt cardiopulmonary resuscitation agreement was documented. However, we did find that one patient did not have a record of the discussion with the responsible clinician to establish capacity to consent. Where approved clinicians certify the treatment of a patient who consents, they should not rely on the certificate as the only record of their reasons for believing that the patient has consented to the treatment. A record of their discussion with the patient including any capacity assessment, should be made in the patient's notes.
- All clinical staff had received training in the use of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards and that over 95% of eligible staff were up to date with refresher courses.

Are forensic inpatient/secure wards caring?

Good

Kindness, dignity, respect and support

- We received mixed feedback from the patients we spoke with about how kind the staff were. Some were complimentary about the staff providing the service on the wards and others were highly critical of staff. Many of the patients had imposed restrictions in place in relation to their care and treatment, which they

accepted did influence their relationships and perception of staff. We also noted, particularly on Bucklebury and Chieveley wards, where patients were first admitted that the severity of their illness was highly acute. The most adverse comments made about staff were from Bucklebury and Chieveley wards. Where patients spoke to us about their negative experiences of restraint and seclusion, and with the patient's consent, we fed these comments back to senior managers who undertook to speak to all of the patients about their experiences.

- Through our observation whilst on the wards we saw that patients were supported consistently by kind and respectful staff. Staff showed patience and gave encouragement when supporting patients;we observed this consistently on all of the wards we visited and at all times.
- The data of the 2014/15 patient satisfaction survey that 84% of those patients who responded felt that the staff at Thornford Park were caring and supportive.
- Despite the complex, and, at times challenging needs of the patients using the service, the atmosphere on all of the wards was calm and relaxed.
- Staff were calm and not rushed in their work so their time with patients was meaningful. Patients commented on the, "kindness and compassion" of the staff. We saw that staff were able to spend time individually with patients, talking and listening to them. We did not hear any staff, on any of the wards ask a patient to wait for anything, after approaching staff. We did not see any adverse responses by any staff, during our inspection.
- During our inspection there was a lot of positive interaction between staff and patients on the wards. Staff spoke to patients in a friendly, professional and respectful manner and responded promptly to any requests made for assistance or time.
- A number of swift interactions where staff saw that patients were becoming agitated, distressed or overly stimulated, particularly with visitors on the wards. Staff immediately attended to their patients in a kind and gentle manner.
- We received many commendations by both patients and relatives about individual staff on all of the wards. Comments about them included them being particularly kind and perceptive. One relative had sent in feedback about their experience of visiting a relative on Theale ward. The staff had organised a picnic in the hospital grounds, for the family to enjoy. This showed the extra consideration given to planning and enabling a pleasurable visit.
- We spoke to staff who were able to confidently discuss their approach to patients and the model of care practiced across all of the secure wards. They spoke about enabling patients to take responsibility for their care pathways. Staff gave many examples of their strong understanding of and implementation of respectful relational security. They were able to describe situations were de-escalation techniques and a respectful approach had been successful and had promoted reduced usage of restraint and seclusion.

The involvement of people in the care they receive

- Were patients had a planned admission to the wards they had already received information about Thornford Park. The information booklets welcomed patients and gave detailed information about health needs, the multidisciplinary team providing care, treatment options, medication and physical health needs, my shared pathway and treatment, daily life on the ward, recreation and leisure needs .The booklet orientated patients well to the service and patients we spoke to about the booklet had received a copy and commented on it positively.
- We saw evidence of patient involvement in the care records we looked at, particularly captured in the 'my shared pathway' documentation on the electronic care notes. This approach was person centred, individualised and recovery orientated. We also saw that all patients reviewed their care plan once every month with the multi-disciplinary care team and in regular meetings with a member of the ward nursing team.
- During our inspection, we joined a number of multidisciplinary care review meetings on a number of the wards where the views and wishes of the patients were discussed with them. Options for treatment and therapy were given to the patients to consider at all of the meetings. Patients were encouraged to take the role of chairperson at key clinical meetings and that they were given training and support to do this.

Good

Forensic inpatient/secure wards

- We saw evidence of regular audits carried out to ensure all wards were adhering to a person centred approach when care planning with patients.
- There was a scheme in the hospital which provided, trained, peer supporters who were existing patients. We met with several peer supporters and they told us about their role which included, for example, acting as buddies for new patients and participating in staff recruitment. The background to this initiative was a national research project, with the national mental health charity, "Together" researching the role of peer support in forensic settings across the UK. Patients contributed to this project and the findings from this piece of work were presented at the International Association of Forensic Mental Health Services conference. In addition, the service is currently involved in a two year project with the innovation network and Re-Think evaluating the benefits of the peer support + project.
- The service worked collaboratively with patients to develop the first national service user led conference in the UK. Patients were part of the working group that developed the programme from concept though to setting up the venue on the day. Patients were encouraged to attend the conference and we met one patient, who was a peer supporter, who had been invited to speak at the conference.
- Information was advertised on all of the wards about local advocacy services available. 14 hours of individual advocacy was provided each week. Thee advocacy service provided three awareness raising sessions each year which included: care and support advocacy, Independent mental health advocacy, independent mental capacity advocacy and NHS complaints advocacy.
- A survey was carried out with family and friends in December 2014. Family members had commented on any improvements they thought could be made to the service and also their experiences. An action plan had been developed to implement some of the ideas, such as adding pictures and soft furnishings to the visitors' room and having more toys for children to play with. Wards were planning to ask family and friends for feedback via comment cards, called, "the family and friends test" and noted that a family and friends open day had been held recently and that a comprehensive carer's guide to Thornford Park was widely available.
- The service had conducted a patient experience survey and we noted a summary of results was available and listed actions to be taken to improve areas where the satisfaction rate was below 70%. The 2014 survey had positive results with high levels of patient satisfaction with their care and treatment. A clinical audit had been carried out to ensure adherence to the service evaluation action plan following on from the survey results.
- There was a well-established patient's council which met monthly with representatives involved from all of the ward areas. An ongoing action plan was available addressing such issues as the quality of food, preparation for smoke free premises, issues with the gym, restrictions, environmental quality, privacy and dignity issues, therapeutic activities and group programme availability and clinical standards. This showed us that patients were encouraged to give feedback on the service they received.
- A patients' forum was available monthly and attended by the senior management team. We saw from recent minutes that agenda items discussed included preparation for no smoking in the hospital, access to phones, sky TV, preparing for a day trip to the seaside and advising on de-cluttering of bedrooms.
- We saw evidence that patients were trained and encouraged to join the recruitment process to appoint substantive staff.

Are forensic inpatient/secure wards responsive to people's needs?

(for example, to feedback?)

Good

Access and discharge

- There were four vacant beds, two on both Burghclere and Kingsclere wards when we inspected. We noted bed

occupancy ranged from the lowest of 90.5% on Burghclere ward to 108% on Hermitage ward. This gave the forensic inpatient and secure wards an average bed-day occupancy of 96.5%.

- A bed management and referrals meeting was held weekly attended by key clinical and managerial staff and chaired by the hospital director. This meeting oversaw the forensic inpatient and secure care pathway. We noted that in the meeting, all current ward bed occupancy was scrutinised as well as transitions into, through and move on from the service. The bed management meeting monitored and tracked appropriate bed usage and identified any pressures on the system. We were also told that key clinical discussions took place at the meeting as a means of the entire senior management and clinical team being aware of updated information.
- All patients accepted for transition into, through or from the forensic inpatient care pathway had been assessed and sent a written formulation of what their current needs (and possible future needs) were and how these needs will be met. This was called, 'my initial treatment plan'. Thornford Park had achieved 100% completion with this initiative for all planned admissions.
- The bed management meeting also monitored all actual and potential inpatient delayed discharges. We noted that there were no reported delayed discharges.
- We heard from patients who had progressed through the secure care pathway, from being admitted to a medium secure ward at Thornford Park, to living in one of the shared flats on site. Patients told us that they appreciated the opportunity to exercise much more independence, despite still receiving treatment under the Mental Health Act and in many cases being restricted on hospital orders.
- From July 2014 until June 2015, 31 patients had been discharged from Thornford Park hospital. In addition, we noted that six patients had been temporarily admitted due to an emergency which required urgent patient transfers from another hospital. Out of the 31 discharges we saw that 15 patients moved to step down facilities or no longer required secure service provision. Seven patients were transferred back to their locality service provision and nine patients were transferred to alternative services for specific and individualised reasons. For example, we saw that two patients moved to be nearer family members and others moved into more specialist services such as those for learning disabilities or to a higher level of secure services.

The facilities promote recovery, comfort, dignity and confidentiality

- All eight wards had a full range of rooms and equipment available including spaces for therapeutic activities and treatment.
- There were quiet rooms available where patients could meet visitors.
- All wards with the exception of Highclere ward had access to private pay phone facilities the pay phone on Highclere ward was not private and was in a communal area of the ward.
- There was direct access to extensive garden areas on all wards and we saw that a variety of horticultural endeavour was underway, with garden sheds, flower pots, baskets, herb gardens and vegetable plots, all maintained by patients. All patients were able to enjoy the outside facilities, albeit many with staff supervision, as the perimeter secure fence was on the outside of all available space.
- The feedback we received on the quality and range of food was mixed. The provider was undertaking a review of food quality because of complaints made by patients. In the 2014/15 patient satisfaction survey we saw that only 54% of responding patients were happy with the quality and choice of food served. This was the lowest score of the topics covered in the survey by some 20%. We saw that a meeting had been set up specifically to review this and that patient representatives and staff attended the meeting. We looked at minutes of recent meetings and we were concerned that catering staff were not responsive to complaints or suggestions made by patients. For example, patients complained that the food tasted very salty and the catering representative explained this by suggesting that seasoning was added at a chef's discretion. We sampled the food in the patient dining room and found it to be very salty, a number of our team found that the food was inedible. We brought this to the attention of senior managers who had also found the food inedible. Managers said that they would address these issues with the catering department immediately.

Good

Forensic inpatient/secure wards

- The dining room experience was not a pleasant or enjoyable time. The staff serving food were sombre and were not knowledgeable about the food they were serving. There were no pleasantries exchanged with patients and no interaction by catering staff. However, we saw that ward staff joined patients at meal times in the dining room and that they interacted well with one another to create a sociable and engaging atmosphere. Snacks and beverages were available over a 24-hour period and that patients had access to hot beverages and that permissible water temperatures were available in the medium secure wards.
- Patients were able to store their possessions securely in their bedrooms. All patients had access to their bedrooms at any time and communal areas of the ward. Many patients across both the medium and low secure wards had wider access across the hospital site and access in and out of their own ward areas with their own access fob.
- Daily and weekly activities were advertised widely and available on all of the wards. There was a good range of activities and groups available to patients on all of the wards. The activities were varied, recovery focussed and aimed to motivate patients. We saw that the activities programme covered the weekend periods.
- Newbury College offered a number of educational courses at the hospital site which enabled patients on hospital restriction orders and with no leave to engage in education pursuit.
- There were audits carried out to monitor how many hours of activity patients from each ward undertook every week. The target for optimum participation in activities was 25 hours or more each week. We saw inconsistencies in how well the wards adhered to the completion of the monitoring spread sheets and also some differing interpretation on what constituted an activity.
- Occupational therapy was available on a full time basis across all wards and a variety of therapy sessions were also available on all wards. We saw they operated a model which focussed on a holistic, person centred and recovery based approach.
- All patients had access to an activities hall attached to Theale ward. We looked at the facility and saw a wide range of sports facilities available including football, tennis, volleyball, badminton and gym. The gym area could only be used under the supervision of qualified gym instructors and that these times were restricted. We raised this issue with senior managers as staff told us they would be prepared to train on the equipment to enable patients wider access and for example, in the evenings and over weekend periods. Managers said they would review this. We saw that a running track was available outside of the perimeter fence.
- We looked at a number of creative initiatives across all of the wards and saw, for example, that Headley ward had entered and won the Priory group pride award for their contributions to charitable fund raising. This initiative went on to win the national service user award. On Theale ward patients had joined staff to decorate a quiet lounge and a patient activity space. The areas were nicely decorated and were adorned with patient produced art. Soft furnishings, cushions and ornaments had lessened the austere ward environment. Patients told us that the ongoing projects had equipped them well with transferable skills, in art and design and decorating. Theale ward had won a Koestler award for this project (the Koestler Trust is an arts charity working within prisons and secure mental health services to help offenders and patients to lead more positive lives by motivating them to participate and achieve in the arts). We noted several examples of service user led enterprises such as making and baking cakes for sale and car washing to raise charitable funds. A number of these initiatives had won awards.

Meeting the needs of all people who use the service

- The staff respected patients' diversity and human rights. Attempts were made to meet people's individual needs including cultural, language and religious needs. A religious and spiritual needs survey had been recently undertaken. All patients were asked, anonymously, if they had any religious or spiritual needs and what if anything could Thornford Park do to improve this provision. 50% of patients responded to the survey and made suggestions such as visits from spiritual leaders, availability of bible studies, having more varied Halal food, having a bible and Koran available on each ward and introducing more discussion on spiritual rehabilitation. An action plan had been developed to address the issues raised.

- It was Ramadan during our inspection period and we enquired about suitable arrangements for Muslim patients. We were told that Halal food was available, although we were told that patients received their food earlier in the day and were required to heat it up at the permitted time. The catering department had a certificate of Halal accreditation for the meat provider, due to expire in August 2015. We also saw a fact sheet had been developed to advise the catering department on permitted food. We were told that an Imam had visited the hospital in May 2015 and was advising Thornford Park on any specialist Muslim provision required.
- There was a dedicated multi-faith room and noted that a Christian chaplain visited the hospital once each week. Links with leaders of other denominations and faiths were made through the chaplain or multi-disciplinary staff.
- Interpreters were available to staff and were used to help assess patients' needs and explain their rights, as well as their care and treatment. Leaflets explaining patients' rights under the Mental Health Act were available in different languages.
- We saw up to date and relevant information on the wards detailing information which included: information on mental health problems and available treatment options, my shared pathway information, local services for example, on benefits advice, information on legal and illegal drugs, help-lines, legal advice, advocacy services and how to raise a concern or make a complaint.

Listening to and learning from concerns and complaints

- In the preceding 12 months 66 complaints were received, three were upheld and 11 were partially upheld. Since 2011, three complaints were referred to the Ombudsman and eight to the independent sector complaints adjudication service.
- Copies of the complaints process were displayed in the wards, communal areas and in the ward information booklets.
- The provider had received 66 formal complaints in the preceding 12 months. The highest number of complaints were from patients on Bucklebury ward which made up 41% of the total number of complaints. During our inspection we received the most adverse comments about patient experience on Bucklebury ward. We saw evidence that a thematic review of complaints took place, covering a three month period from January 2015. The review found that during this period 20 complaints were received and 40% of these complaints were from Bucklebury ward. We noted that 50% of the Bucklebury complaints made were from one patient.
- Each ward had a daily planning meeting where patients were encouraged to raise any concerns that they had. When a patient raised a concern; a response about any changes was advertised on the ward to encourage other patients to raise any issues of concern. We saw that the yearly patient satisfaction survey outcomes were also made into a poster, for advertising on the wards, and listed the positive action taken by the provider. The system was called, "you said and we did." For example, we saw that patients had complained about poor communication and communication had been introduced as a standing agenda item on all ward community meetings, message slips had been reintroduced, designated staff had been allocated with the lead responsibility to keep communication boards updated. During our inspection all of the ward communication boards were up to date, relevant and informative. We saw another example with the development of the food forum. However, we recognised that further collaborative work between staff and patients was required to experience positive change in this area.
- Staff were able to describe the complaints process confidently and how they would handle any complaints.
- All staff had received training on effective complaints prevention and management through the foundation for growth on-line safety module.
- The provider held a, 'complaints surgery', an opportunity for patients to have a one to one appointment to listen to their complaint and attempt to resolve it.
- Staff met regularly in the clinical governance meetings both on the ward and across the hospital to discuss

learning from complaints. This was being used to inform a programme of improvements, including, improving patients' dietary experience and increasing patient involvement in the care planning process.

Are forensic inpatient/secure wards well-led?

Good

Vision and values

- The provider' vision, values and strategies for the service were evident and on display in all of the wards. Staff on the wards considered they understood the vision and direction of the organisation.
- The ward managers had regular contact with the hospital director, the deputy director and the medium secure and low secure services unit managers. The senior management and clinical team were highly visible and we were told by all staff that they often visited the ward.
- Staff commented on the high quality support they received from the hospital director and several staff commented on the directors' visible and positive role modelling and kind approach to patients. We observed that the director knew the patients throughout the hospital and referred to them individually and had good knowledge about all of the patients.

Good governance

- All of the wards had good access to robust governance systems which enabled them to monitor and manage the ward effectively and provide information to senior staff in the organisation and in a timely manner. One example of this was the quality scorecards which were published monthly and covered data quality compliance, incident analysis and trends, mandatory training compliance, staff sickness rates and complaints data for each ward.
- We looked at the performance management framework and saw that data was collected regularly. This was presented in the monthly clinical governance meeting, across the hospital and in ward clinical governance meetings. Where performance did not meet the expected standard action plans were put in place. Managers could compare their performance with that of other wards through the scorecards and this provided a further incentive for improvement. We saw evidence of all wards meeting their key performance indicators and that the information provided was accessible and well-advertised.
- The senior management team undertook regular, "quality walk rounds" to each ward. These were introduced to provide real time assurance of practices on the wards. This was part of a supportive framework to encourage high standards and quality improvement.
- Staff vacancies and turnover were high and we looked at the Thornford Park workforce action plan which laid out initiatives to recruit and retain staff. The high staff vacancies and turnover had been identified as a high risk and was on the risk register for both Thornford Park and the Priory Group.
- All ward managers told us that they were encouraged by their managers to operate autonomously in managing their wards and received very good support from the unit managers, deputy director and hospital director.
- All ward managers we spoke to were familiar with and actively participated in the formulation of the Thornford Park risk register, which we viewed. Managers were able to articulate how the hospital risk register contributed to the Priory Group overarching risk register. We saw that staff recruitment and retention scored highly on both risk registers however had been strongly mitigated.

Leadership, morale and staff engagement

- We found all of the wards were well-led. There was evidence of clear leadership at a local level. The ward managers were visible on the ward during the day-to-day provision of care and treatment, they were accessible to staff and they were proactive in providing support. The culture on the wards was open and encouraged staff to bring forward ideas for improving care.
- All of the ward staff we spoke with, without exception, were enthusiastic and engaged with developments on the wards. They told us they felt able to report incidents, raise concerns and make suggestions for improvements. They were confident they would be listened to by their

line managers. Some staff gave us examples of when they had spoken out with concerns about the care of people and said this had been received positively as a constructive challenge to ward practice.

- Staff told us that staff morale was good.
- Sickness and absence rates were 5.6%. Managers told us they recognised this figure was high and that they are carrying out more analysis to understand why in order to develop an action plan to try to reduce sickness levels.
- At the time of our inspection there were no grievance procedures being pursued within the wards, and there were no allegations of bullying or harassment.
- Staff were aware of the whistleblowing process if they needed to use it.

Commitment to quality improvement and innovation

- Accredited members of the Royal College of Psychiatrists quality network for forensic mental health services. (medium and low secure services)

Outstanding practice and areas for improvement

Outstanding practice

- All staff we spoke with had been trained to use the structured professional judgement (SPJ) risk assessment schemes (recommended good practice by the Department of Health for use in forensic and secure settings).
- The training initiative on collaborative risk assessing, provided patients and staff with education and awareness sessions highlighting the importance of patient involvement in risk assessing.
- Patients were encouraged to take the role of chairperson at key clinical meetings and they were given training and support to do this.
- Patients took part in the peer plus supporter scheme which is a two year project with the innovation network and the national mental health charity Re-Think. Patients had been provided with bespoke training. This meant they acted as mentors for new patients coming into the hospital, or those moving between wards to help them settle and be orientated well to the wards.
- Theale ward had won a Koestler award for a ward-decorating project (the Koestler Trust is an arts charity working within prisons and secure mental health services to help offenders and patients to lead more positive lives by motivating them to participate and achieve in the arts).
- Patients were involved in recruitment of staff and had their opportunity to contribute to the appointment of high calibre staff.
- The availability of courses run by Newbury College on site meant that patients had access to community education within the hospital setting.
- The hospital was an accredited member of the Royal College of Psychiatrists quality network for forensic mental health services (medium and low secure services) and scored the second highest national score for meeting standards for medium and low secure services across the UK.

Areas for improvement

Action the provider SHOULD take to improve

- Review processes to ensure that out of date Section 17 leave authorisations are not mixed in with the current forms in the same folder. (Section 17 of the Mental Health Act covers the circumstances in which someone detained for treatment may leave the hospital.)
- Ensure that authorisations from the Ministry of Justice for restricted patients are stored in the Section 17 leave folders for patients. (Additional restrictions may be applied as a consequence of a patient being sent to hospitals by a court.)
- Ensure that the alarm system is working effectively in the Theale ward garden area.
- Review the use of plastic bin liners to provide a clear rationale and consistent practice throughout the hospital. (Plastic bin liners could be used as a means of suffocation if used to self-harm.)
- Ensure that the Highclere ward sluice room is in good order and tidy. Review the flooring in the Highclere kitchen area to ensure it is fitted flush to the floor to be able to be cleaned thoroughly. Replace worn and stained equipment.
- Enable patients on Highclere ward can make private phone calls.
- Provide good quality food and make the catering department more responsive to patients' needs.
- Consider training additional ward staff to use the gym equipment to enable patients to use it more.