

Requires improvement 

# West London Mental Health NHS Trust

## Forensic inpatient/secure wards

### Quality Report

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### Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/unit/team)	Postcode of service (ward/unit/team)
RKL53	St Bernard's and Ealing Community Services	Avebury ward Barron ward Berry ward Brent ward Butler House Derby ward Solaris ward Bevan ward Tennyson ward Windrush Aurora ward Damson ward Pearl ward Melrose ward Garnet ward Parkland ward	UB1 3EU

# Summary of findings

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

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

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

# Summary of findings

## Ratings

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

### Overall rating for the service

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive?

Requires improvement



Are services well-led?

Good



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

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

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

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

# Summary of findings

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# Summary of findings

## Overall summary

Following this inspection, we rated the forensic inpatient/secure wards as **requires improvement** because:

- At this inspection we found the trust had made considerable progress from the previous inspection in June 2015 but in some cases this was not yet fully completed or embedded. There were some areas where we have asked the trust to do some further work and some new areas for improvement have been identified.
- The trust had improved the state of its seclusion rooms considerably and they were all in a good state of repair, but two of the seclusion rooms in the Tony Hillis Wing still compromised patient's privacy and dignity. These seclusion rooms were in areas where the rest of the ward patients walked past regularly, being in the main corridor of the wards.
- The trust had reviewed and reduced many blanket practices, however some blanket practices were still in place especially for low secure patients which did not reflect individual need and were not individually risk assessed.
- The trust had worked to improve the recruitment and retention of staff. It had also ensured that the number of hours staff were working was managed so they were not excessive. However, more work was needed to ensure there are sufficient staff with the correct skill mix on the ward and that patient leave is not cancelled as a consequence of staff shortages.
- There were ligature anchor points throughout all the wards on the Tony Hillis Wing and these were hard to monitor.
- In some seclusion records, we found that staff were not following the Mental Health Act Code of Practice in relation to two hourly nursing reviews and four hourly medical reviews.
- The staff did not always take into account patient's learning disabilities, where these had been identified. We found that the care plans and risk assessments of patients with a learning disability did not take into account their extra needs. There were no accessible versions of patient's care plans or other ward information.

- Supervision records were poor and there was no system of auditing the quality of supervision given to staff.
- The physical environment in the Tony Hillis Wing was poor and did not provide a safe or therapeutic environment for the patients.
- The food in the Tony Hillis Wing was poor and the portions were too small.

However:

- The Thames Lodge men's medium secure and the Orchard wards were bright, well maintained and clean, with few ligature anchor points.
- Staff said that since the last inspection in June 2015, staff morale had improved and engagement with staff had improved.
- Considerable work had taken place to improve areas such as ensuring safeguarding alerts were made in a timely manner, making sure that restraint and seclusion is appropriately recognised and recorded, and that staff monitored patients on high dose antipsychotics in line with national guidance.
- The trust had implemented a new care pathway for patients which made the whole process of caring for patients more recovery focussed.
- The trust had started the 'safe wards' project on some wards, which was having a positive impact on staff and patients.
- The trust had improved the quality of patients' risk assessments which were generally up to date and staff were monitoring patients after they received rapid tranquilisation medication.
- Many of the patients we met with spoke highly of the staff; they said that they were compassionate and skilled.
- The trust provided a vocational pathway to support patients develop work skills. The staff we spoke to demonstrated the trust's vision of improving the quality of the service and caring with compassion.
- Patients said that they had noticed positive improvements because of the trust's improvement strategy.

# Summary of findings

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

### Are services safe?

We rated safe as **requires improvement** because:

- At the last inspection, some ward environments, particularly the seclusion rooms were not in a good state of repair. At this inspection, all the seclusion rooms were in a good state of repair but the location of two still did not ensure the confidentiality, privacy and dignity of the patient. These were all located in the Tony Hillis Wing where the trust hopes to move patients to alternative low secure accommodation.
- At the last inspection, there were some blanket restrictions which had not been assessed according to the type of service and individual patient needs. At this inspection, considerable work had taken place involving staff and patients to review and reduce blanket restrictions. This had led to some well received changes. However, there was more to do to consider if other restrictions could be reduced based on individual needs, especially for patients using low secure services. These included reviewing the use of a personal mobile phones, routine searches when entering the ward and access to the internet.
- At the last inspection, staffing levels were not maintained and this had an impact on the quality of life of patients. At this inspection, staffing levels had significantly improved and the numbers of hours staff were working was being managed to ensure they were not excessive. However, on a small number of occasions wards did not manage to fill all their shifts or have enough qualified nursing staff available. Whilst trust data showed a reduction on the amount of patient leave that was cancelled, patients said this still happened.
- There were ligature anchor points throughout all the wards on the Tony Hillis Wing. Further work was needed to see if these environments could be made safer in the short-term until the new wards are available.
- On three wards a few items of medical equipment had expired and not been replaced. On Pearl ward there was the wrong type of oxygen mask, on Damson ward the electrodes for the defibrillators were out of date and on Brent ward the equipment for managing airways in resuscitation and black vacutainer blood needles had expired and not been replaced.
- In a few seclusion records, staff were not following the Mental Health Act Code of Practice. Not all patients in seclusion had a record of a two hourly nursing review and four hourly medical

Requires improvement



# Summary of findings

review. One patient whose seclusion had lasted over several days had not been reviewed every 24 hours by their responsible clinician or had a record of an independent multi-disciplinary team review.

However:

- At the last inspection records for restraint and seclusion were not consistent and accurate. Some seclusion and restraint was taking place and not being recognised, or being used when it was not clear if this intervention was needed. At this inspection, we found that there were clear records of where seclusion and restraint were taking place, and the reason for it.
- At the last inspection some patients were being prescribed medication at levels higher than the recommended maximum dose without the national guidance for this being applied. At this inspection we found that patients on high dose antipsychotics were well monitored and the staff had access to best practice guidelines through the trust's intranet.
- The Thames Lodge men's medium secure and the Orchard wards were bright, well maintained and clean, with few ligature anchor points.
- Staff updated patients risk assessments regularly and reflected the individual needs of each patient.
- Staff had a good awareness of safeguarding and how to make alerts, although there were still significant variations in the numbers of alerts made between wards.
- Staff carried out observations and took vital signs for patients that had been given rapid tranquilisation medication.

## Are services effective?

We rated effective as **requires improvement** because:

- Supervision was variable across the forensic services. Some staff were not having regular 1:1 supervision, the content of the supervision was inconsistent and did not always cover essential areas, the recording was also mixed with some being saved on the intranet and others as a written record.
- In some of the wards, the national early warning score records were not being used properly, with incorrect or sporadic scoring and recording. This meant there was a risk that staff would not identify when a patient's physical health was deteriorating and get timely medical input.
- The staff did not take into account patient's learning disabilities, where these had been identified. We found that the

**Requires improvement**



# Summary of findings

care plans and risk assessments of patient's with learning disabilities did not take into account their extra needs, there were no accessible versions of patient's care plans, or other ward information.

- The reduction in occupational therapists and activities coordinators meant that patients with ground leave had a reduced ability to access the therapeutic activities on the hospital site.
- The trust had recently asked staff to redraft patients care plans so that they reflected the goals of the care plan as if the patient has verbalised them, but the language was very technical and was not framed in a language likely to have been used by the patient. The care plan also did not record any disagreements that the patients might have about their care.

However:

- The trust had implemented a new care pathway for patients which made the whole process of caring for patients more recovery focussed.
- Staff made sure all care plans were holistic and they were up to date. The patient's voice was in most of the care plans we saw.
- Staff carried out a range of structured formal assessments for patients on admission.
- The trust had a strong psychology service in place providing many groups relevant to the patients' needs.
- Patients had their physical healthcare needs met and there were GP services on site in all three main buildings.
- The trust had started the 'safe wards' project on some wards, which was having a positive impact in reducing conflict on the wards and improving relationships between patients and staff.
- Staff demonstrated a good knowledge of the Mental Health Act and Mental Capacity Act and patients were having their rights upheld.

## Are services caring?

We rated caring as **good** because:

- Many of the patients we met with spoke highly of the staff; they said that they were compassionate and skilled.
- Patients said that the ward environment had improved over the last year, they said that the staff were more respectful and treated the patients better.
- There were community meetings on all of the wards which patients chaired and took minutes, as well as set the agenda.
- Some patients that had been in seclusion said that the treatment was fair.

Good





# Summary of findings

- Patients were supported to maintain contact with their families and patients said that staff encouraged family involvement in their care.
- Patients said that staff had shown them around when they were first admitted, and how to access the social worker or advocacy. On Melrose ward a welcome party was held when a new patient was recently admitted.
- A trust wide carer's event was held monthly.
- Patients were involved in the current recruitment drive that the Orchards was undergoing.

However:

- The majority of the comment cards we received for this service were negative. Patients complained about the attitude of some staff and the presence of pests on the wards, as well as the lack of toilets.

## Are services responsive to people's needs?

We rated responsive as **requires improvement** because:

- The food at the Tony Hillis Wing was of poor quality and the portions were too small.
- Derby ward had no immediate access to fresh air and staff had to escort patients down to the courtyard during the day.
- On all the wards in the Tony Hillis Wing, the patients had to share bathrooms and toilets. On Solaris ward, for example, there were two toilets for 16 patients which were situated in the bathroom and shower room.

However:

- Staff supported patients on rehabilitation wards to go to recovery hubs in the community as patients became more independent.
- The trust provided a vocational pathway to support patients develop work skills.
- Staff provided patients with activities on the ward such as drawing, painting, bingo and newspaper groups. Patients who had leave could access the DJ, gym and smoothie making groups, as well as the onsite cafés and shops.
- The food at Thames Lodge was freshly cooked on site and was of good quality; there were vegetarian and Halal options available.
- Staff encouraged patients to put complaints in writing and made sure the complaint was attended to. The patients all said that they knew how to raise a complaint and were confident to do so.

**Requires improvement**



# Summary of findings

- Waiting lists to the men's medium secure wards had gone down over the previous four months.
- Patients' bedrooms in Thames Lodge were of good size, with fixed furniture and en-suite with a shower, sink and toilet. There were courtyards off of every ward at Thames Lodge which patients could access at any time.

## Are services well-led?

We rated well led as **good** because:

- During the last inspection staff had expressed specific concerns about the longstanding culture of bullying linked to race, religion and culture. During this inspection we found the staff morale much improved and none of the staff we spoke to said that bullying was an issue anymore.
- The staff we spoke to demonstrated the trust's vision of improving the quality of the service and caring with compassion.
- Patients said that they had noticed positive improvements because of the trust's improvement strategy.
- The trust gave staff opportunities for personal development and supported them with work life balance.

However:

- The trust was unable to show a clear timetable for the move of the wards from the Tony Hillis Wing.
- Most of the doctors said that the morale was very poor among them.

Good



# Summary of findings

## Information about the service

The forensic services at West London Mental Health Trust is managed as one clinical services unit. The wards for the forensic services are situated on the St Bernard's hospital site which is located in Ealing, West London.

There are a total of 17 forensic inpatient wards at St Bernard's hospital. They consist of two enhanced medium secure wards for women, and low and medium secure wards for men. There are three main buildings.

Thames Lodge and the Tony Hillis Wing provide services for men. The Orchard unit provides services for women. There is also a low secure rehabilitation step down open ward called Butler House.

Thames Lodge is a new purpose built unit. The Orchard is also purpose built. The Tony Hillis Wing is not currently meeting required standards.

We inspected the following wards during this inspection:

Tony Hillis Wing

Avebury ward is a 16 bed men's medium secure ward

Barron ward is a 17 bed men's low secure rehabilitation ward

Bevan ward is a 18 bed men's medium secure rehabilitation ward

Derby ward is a 18 bed men's low secure admissions ward

Solaris ward is a 16 bed men's low secure rehabilitation ward

Tennyson ward is a 7 bed men's low secure rehabilitation ward

Thames Lodge

Berry ward is a 18 bed men's medium secure high dependency ward

Brent ward is a 17 bed men's medium secure admissions ward

Falcon ward is a 17 bed men's medium secure admissions ward

The Orchard

Aurora ward is a 10 bed women's medium secure admissions ward

Damson ward is a 5 bed women's medium secure rehabilitation ward

Garnet ward is a 10 bed women's medium secure rehabilitation ward

Melrose ward is a 10 bed women's enhanced medium secure ward

Parkland ward is a 10 bed women's enhanced medium secure ward

Pearl ward is a 15 bed women's low secure rehabilitation ward

Butler House is a separate annex and houses the men's 12 bed low secure open ward for patients working towards discharge.

## Our inspection team

The team was comprised of four inspectors, four specialist advisers, one expert by experience, a

pharmacist and two Mental Health Act reviewers. The specialist advisers were two nurses, a psychiatrist and a psychologist who had experience of working in forensic services.

# Summary of findings

## Why we carried out this inspection

When we last inspected this service in June 2015, we rated forensic inpatient/secure wards as **inadequate** overall.

We rated this core service as inadequate for safe, good for effective, good for caring, good for responsive and inadequate for well-led.

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

- The trust must ensure that staffing levels are maintained to guarantee the safety of patients and staff and that the lack of staff does not have a significant impact on the quality of life of patients in the service in terms of access to therapeutic activities, escorted leave and meetings with named nurses. Staff must not work excessively long hours.
- The trust must ensure that all seclusion facilities are in a state of adequate repair and consideration is given to the maintenance of the patient's dignity when using the facility.
- The trust must ensure that restraint and seclusion is appropriately recognised; only used when needed and recorded so its use can be reviewed.
- The trust must review blanket practices across the wards to ensure these only take place where needed and that as far as possible practices reflect individual patient need.

- The trust must ensure that where patients are prescribed medication above the recommended dose the national guidance must be followed.
- The trust must ensure that more targeted work takes place to address the complex issues affecting staff engagement so that communication between management within the service and members of staff is facilitated. This is to improve morale and ensure that staff feel comfortable raising concerns with their managers and the senior managers in the organisation.

These related to the following regulations under the Health and Social Care Act) Regulated Activities) Regulations 2014:

Regulation 9 Person Centred Care

Regulation 12 Safe care and treatment

Regulation 13 Safeguarding service users from abuse and improper treatment

Regulation 17 Good governance

Regulation 18 Staffing

At this inspection we followed up the actions we asked the trust to make at the last inspection.

## How we carried out this inspection

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

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

Before the inspection visit, we reviewed information that we held about these services, asked a range of other organisations for information and sought feedback from patients at three focus groups.

During the inspection visit, the inspection team:

- visited 16 wards at the three hospital sites and looked at the quality of the ward environment and observed how staff were caring for patients
- spoke with 51 patients who were using the service
- spoke with the managers or acting managers for each of the wards

# Summary of findings

- spoke with 58 other staff members; including doctors, nurses and social workers
- interviewed the divisional directors and clinical directors with responsibility for these services
- attended and observed hand-over meetings and multi-disciplinary meetings
- collected feedback from 105 patients using comment cards.
- looked at 38 treatment records, 16 risk assessments and 17 seclusion records of patients
- carried out a specific check of the medication management on 5 wards
- looked at a range of policies, procedures and other documents relating to the running of the service

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

We collected 105 comment cards from patients using the forensic inpatient/secure wards. Most of the comments were negative. In the comment cards, patients reported feeling ignored and victimised, and complained about the pests on the wards and the lack of toilets.

However most of the patients we spoke to during the inspection were very positive about the staff and the overall care they received. Patients we spoke with said the staff were compassionate and caring, and committed to patient well-being. The patients in the wards on the Tony Hillis Wing said that the food was not good, and that there were not enough toilets for the patients.

Patients said they appreciated the fact that they were encouraged to maintain contact with their families, and that their carers were involved in the planning of their care on the wards. Patients also told us that they were involved in a number of ways in the delivery of their care, including developing their care plans, participating in community groups, as well as supporting the trust to recruit more staff. Patients said that they had noticed a positive change in the trust over the last year.

## Good practice

The forensic wards had made significant progress in reducing the use of blanket restrictions. Staff had undertaken this work in partnership with patients. Patients were very positive about the changes which had taken place.

## Areas for improvement

### Action the provider MUST take to improve

- The trust must look at how the privacy and dignity of patients using the seclusion rooms in the Tony Hillis Wing can be further improved and ensure clocks are provided in all seclusion facilities.
- The trust must continue to look at how blanket restrictions can be addressed further especially for patients using the low secure services. This includes reviewing the use of mobile phones, access to the internet and routine searches especially linked to the smoke free initiative.
- The trust must continue to ensure staffing levels and the staff ratios of qualified and unqualified nurses are maintained and that the impact on the quality of life of patients, especially their access to leave is accurately monitored.

# Summary of findings

- The trust must look at the physical environment in the Tony Hillis Wing to see if changes can be made to improve the safety and quality of the environment. This includes the reduction of ligature anchor points and access to sufficient toilets and bathroom facilities.
- The trust must ensure patients in seclusion are reviewed by the appropriate professionals at the intervals indicated by the Mental Health Act code of practice. If a decision is made at night to not follow the guidance in the MHA Code of Practice in terms of a clinical review taking place in person, the reasons must be recorded.
- The trust must ensure that the national early warning scores are correctly completed, collated and calculated so that a patient whose physical health is deteriorating is identified in a timely manner.
- The trust must ensure that all staff receive adequate supervision and that there are systems in place to monitor this.
- The trust must ensure that the medical equipment used for the care of patients is in date and appropriate for use.

- The trust must ensure that patients on the Tony Hillis Wing have enough good quality food to eat.

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

- The trust should ensure that systems are in place to ensure the safety of staff and patients. When panic alarms are pressed, staff should receive the necessary assistance quickly. The trust should ensure that staff raise incident reports every time they do not get adequate or timely assistance.
- The trust should ensure there is sufficient access to occupational therapists and activity co-ordinators to ensure access to therapeutic activities on the hospital site.
- The trust should ensure that plain English without jargon is used in patient care plans.
- The trust should ensure that patients with a learning disability have access care plans and other information in accessible formats where needed.
- The trust should take steps to address the morale of doctors in the men's medium and low secure services.

# West London Mental Health NHS Trust

## Forensic inpatient/secure wards

### Detailed findings

#### Locations inspected

##### Name of service (e.g. ward/unit/team)

##### Name of CQC registered location

(men's low secure forensic services)

Barron ward  
Butler house  
Derby ward  
Solaris ward  
Tennyson ward

St Bernard's and Ealing Community Services

(men's medium secure forensic services)

Avebury ward  
Berry ward  
Bevan ward  
Falcon ward

St Bernard's and Ealing Community Services

(women's low and medium secure forensic services)

Aurora ward  
Damson ward  
Garnet ward  
Melrose ward  
Parkland ward  
Pearl ward

St Bernard's and Ealing Community Services

#### 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.

# Detailed findings

Staff had training on the Mental Health Act (MHA). Patients had their rights explained under the MHA on admission. These rights were discussed with patients every three months or after significant dates, such as the renewal of their detention.

Capacity to consent to treatment forms were attached to corresponding medication charts. There was evidence of regular reviews of patients' consent to treatment.

The independent mental health advocacy service was visible on the wards and there were posters and leaflets displayed on the wards. Patients were aware of this service and we saw in care records that advocacy was supporting patients in ward rounds.

Section 17 leave was appropriately authorised and recorded on standardised forms. Conditions of leave were clearly stated and corresponded to relevant Ministry of Justice conditions for patients' leave.

Seclusion records showed that staff were not following the Mental Health Act Code of Practice to ensure that all patients had four hourly medical reviews or two hourly nursing reviews. In one seclusion record, staff had secluded a patient for seven days with no record of them having one review a day completed by their responsible clinician. There was also no record of an independent multi-disciplinary review. Staff did not know that telephone medical reviews of seclusion at night were not acceptable and that medical staff should always attend in person.

## Mental Capacity Act and Deprivation of Liberty Safeguards

We found that staff had a good understanding of the Mental Capacity Act (MCA) and the template available to record capacity assessments was very good. Capacity assessments were often undertaken by the multi-disciplinary team.

Staff gave us examples of when they would carry out capacity assessments, especially in regards to financial affairs or consent to treatment.

However, only 57% of staff had completed the MCA training, which was mandatory. This training had only been introduced recently. Before this staff learnt about the MCA as part of a mental health law course.



# Are services safe?

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

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

## Our findings

### Men's low secure forensic services

#### Safe and clean environment

- The low secure wards were located in the Tony Hillis Wing. These wards were old and in poor condition. There were plans to replace these wards with a clear plan to refurbish and move into Medway Lodge, however three wards remain where there is currently no clear plan to provide alternative accommodation. In the meantime patients were living in a potentially unsafe environment, although measures were in place to try and mitigate these risks.
- The ward environments on the Tony Hillis Wing were generally clean, but the standard of decoration was old, faded and in need of refreshing. The outside of windows on some of the wards were very dirty. Some of the bathrooms were not clean and had wet towels on the floor at the time of the inspection. In relation to cleanliness, the 2016 PLACE score for this site was 91.9%, which was below the overall trust score and the national average. PLACE assessments are self-assessments undertaken by teams of staff and patient assessors.
- There were ligature anchor points throughout all the wards on the Tony Hillis Wing. For example the bathrooms and shower room on Derby ward were down a bathroom corridor which was out of line of sight of the main corridor. These bathrooms and shower room had ligatures anchor points from the window clasps and bars outside the windows. This bathroom corridor was locked unless a patient wanted to have a shower or bath because of the risks that the ligature anchor points posed and also because patients had been using the far end of the small corridor to smoke. There were 16 patients who accessed these washing facilities. Staff said that when a patient wanted a bath or shower, they would unlock the door to the bathroom corridor and let the patient in, then they locked the door once the patient was in the shower or bathroom. The patient could unlock the door to the main corridor to get to their room again afterwards. This bathroom corridor remained unlocked until the patient informed staff or during the next general ward observation, which happened every half hour. That meant that there was a risk that the bathroom corridor was unlocked for a period of time. This increased the risk posed by the ligature anchor points in the bathroom corridor, as well as the risk of patients going into the bathroom corridor to smoke. The trust responded to this risk during the inspection by having the lock to the bathroom corridor replaced with a self-locking lock, so that the bathroom corridor was locked after the patients exited the corridor.
- Staff were made aware of ligature risks when they first started working on a ward. There were 'heat' maps on every ward which showed where the highest level of risk and ligatures were situated. These maps helped staff to develop plans to mitigate the risks of existing ligature anchor points. We saw that these plans focussed on understanding the patients and putting risk management plans in place to observe patients so that they did not come to harm. Given the prevalence of ligatures throughout the wards, staff had to focus on knowing the patients well rather than trying to observe all the ligature anchor points all the time.
- The Tony Hillis Wing was an older building which had mice and pests. There was a contract with a pest control agency which came to the site twice a week. We saw from the estates and facilities logs on each ward that staff reported seeing mice or rats several times a month on each ward.
- Two of the staff we spoke to said that sometimes they did not feel safe on the wards. This was because they were afraid that if something happened which necessitated them pressing their personal alarm, there would not be a quick response from their colleagues on other wards, or that not enough staff would come. Staff said that some of their agency colleagues would not come because if they got injured on the job, they were not paid sick leave. The trust said that this had recently become a problem. The trust had put a clear escalation plan in place. We saw 54 incidents for the previous three months regarding staff and patient security, but the service director told us that as incident forms had not

# Are services safe?

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

been completed every time there was a slow or inadequate staff response to a panic alarm being pressed, it was difficult to assess the extent of the problem.

- The Tony Hillis Wing, where all the men's low secure forensic wards were located, had legionella bacteria in the building's water supplies. Legionella bacteria can cause legionnaires disease, a serious lung infection which can lead to further, life threatening problems. To manage and mitigate this risk, the water outlets (taps) were all flushed out twice a day. The trust also planned to increase the use of chlorine in the water supply over short and periodic periods starting in December 2016.

## Safe staffing

- On the men's low secure forensic wards, the staffing figures were determined based on the assessed needs of the patients. There were usually two qualified nurses and two or three healthcare assistants (HCA) during the day shift, two qualified nurses and two HCAs during the evening shift and one qualified nurse and two HCAs during the night shift. These staffing levels were to care for 16 to 18 patients. If more than one patient needed one to one observation, then more staff would be called onto the ward. Two of the ward managers we spoke to felt confident that they could get extra staff at short notice, two other ward managers were not so confident, but they said that if the ward needed extra help, the duty coordinator would come and provide support.
- At the last inspection, the trust were told that they must ensure that staffing levels were maintained to guarantee the safety of patients and staff and that the lack of staff does not have a significant impact on the quality of life of patients. The trust were also told that they must ensure their staff do not work excessively long hours. At this inspection we found that the staffing levels were much improved and that the trust was working to attract staff and keep them. However, shifts were not always covered and sometimes the balance between qualified and unqualified staff was not correct.
- In order to ensure that staff did not work excessively long hours, the trust had installed an electronic staff booking system to make sure that staff did not overbook themselves onto shifts. Once a staff member had reached the maximum number of shifts they could do within a two week period, according to the working time directive regulations, then the system would not let them book additional shifts. The system also would not let staff book two shifts in a row, say a day and an evening shift during the same 24 hour period. However this system could be overridden by the senior nurse. Staff said that the system was overridden on average once every two weeks, per ward; however they welcomed the flexibility that the system gave in responding to periodic absence of staff.
- On Tennyson ward we were informed that there were three staff on duty from nine am to five pm; one qualified nurse and two HCAs. At all other times there were two staff on duty; one qualified nurse and one HCA. On Tennyson ward there were eight patients on the ward despite being informed that the ward usually admitted a maximum of seven patients. However on the day of our visit eight patients were allocated to the ward due to bed pressures.
- Staff vacancy levels were mixed across the men's low secure forensic service. Between July and September 2016, the qualified nurse vacancy rate averaged 16% across the low secure forensic wards (including Butler House). The vacancy rate ranged between 2% for Derby ward and Tennyson wards to 42% on Solaris ward. HCA vacancy rates averaged 17% and ranged from 0% on Barron ward to 35% on Solaris ward.
- Turnover rates for staff during the previous 12 months averaged 11% and ranged between 0% for Tennyson ward to 24% for Solaris ward.
- Sickness rates of staff during the same period was generally low, averaging 4%, with rates of 3% and 5% (for Derby and Tennyson wards respectively) representing the overall rates.
- Staff said that on average there was a shift a month that was short staffed. Staff told us that they did not always fill out an incident form when this happened. The impact of not filling in incident forms every time a shift was not adequately staffed was that the trust did not have accurate information on staffing levels. We looked at the staffing rotas for three wards between August and October 2016, and saw that there was one or two shifts during that time which had only two staff members on the ward, when there should have been a minimum of three.
- Staff said that sometimes there were not enough qualified nurses on shift, which should be two qualified nurses as a minimum. We looked at the staffing rotas for three wards during August and September 2016 and

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noted that almost every week there were between one and five shifts where there was only one qualified nurse. These usually happened at night. For example, during the week of the 26th of September, 2016 on Solaris ward, there were five night shifts where there was only one qualified nurse; and during two of those shifts, there were only two staff on duty. Although this remained an issue for staff, this was an overall improvement from the last inspection.

- Escorted leave for patients was rarely cancelled according to data provided by the trust. However, patients on the wards said that they did not always get their leave due to staff shortages. It was therefore not clear if the data collected was accurate.
- The trust ensured that that most of its staff completed mandatory training. As at 31 October 2016, the training compliance for forensic inpatient/secure ward staff was 89%.

## Assessing and managing risk to patients and staff

- There were few incidents of seclusion, restraint and rapid tranquilisation between 1 May and 31 October 2016. Derby ward had the most incidents of seclusion for that period with 22. Barron ward and Butler did not record any incidents of seclusion and Tennyson and Solaris recorded one and two incidents. Derby ward had the most incidents of restraint for that period, patients were restrained nine times and four of them in the prone position. On one occasion, rapid tranquilisation medication was administered. The other men's low secure wards recorded one or no restraints for the previous six months, and no incidents of staff giving patients rapid tranquilisation medication. Staff said that there had been an effective programme of reducing the use of restraint and using verbal de-escalation instead.
- At the last inspection, the seclusion facilities were not in a state of adequate repair and that patients' dignity was not being maintained when they were using the facilities. During this inspection, we found that the seclusion room on Solaris was located directly opposite a patient's bedroom which may mean that the confidentiality, privacy and dignity of the patient being secluded may be compromised. On Derby ward, we found that the seclusion room was located in the bathroom corridor, where the rest of the patients on the ward would pass in order to have a shower or bath during the day. These seclusion rooms were en-suite and in a good state of repair, but did not have clocks. The Mental Health Act Code of Practice states that trust policy should designate a suitable seclusion environment that takes account of the patient's dignity and physical wellbeing.
- During the last inspection, the trust were told that they must review blanket practices across the wards to ensure these only take place where needed and that as far as possible practices reflect individual patient need. At this inspection we found that whilst there had been significant improvements, there were still some areas for further work.
- The low secure patients were subject to the same blanket practices as medium secure patients. The trust said that this is because the low secure wards were in the same building as two of the medium secure wards. Blanket practices existed with regards to the routine searching of patients and visitors when they came into the building and prohibition of using mobile phones or internet on the wards. There were not individual risk assessments in place for this. Patients could not have coat hangers on any of the wards, including Butler House, which was an open rehabilitation ward.
- Following the introduction of 'smoke free' across the trust there had been some unintended consequences. Low secure patients were not allowed their cigarettes or lighters on the wards when they came back from leave. This meant that they either tried to smoke all of the tobacco in one go while they were on leave, which could make them sick; or they tried to hide the tobacco and lighters somewhere on the hospital grounds; or they tried to bring them in, which meant there was a security risk on the wards due to unknown lighters being on the wards. There were no lockers available for tobacco and lighters at reception, and staff would not store them in the staff office, although the trust stated at the time of the inspection that lockers were being ordered for this purpose.
- Also the location of the low secure wards meant that patients on these wards had to pass through several locked doors to leave the building. For example, to get to Barron ward, a patient had to be escorted through six locked doors.
- At the last inspection, the trust were told that they should ensure all risk assessments were updated and reflect the individual needs of each patient. At this inspection we found that the standard of risk

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assessments was generally very good. The trust used the historical clinical risk management (HCR-20) risk assessment for patients which is a comprehensive set of professional guidelines for the assessment and management of the risk of violence. Staff completed risk assessments for each patient upon admission to the ward. Staff updated patients' HCR-20 after each incident and before CPA reviews. Staff did individual risk assessments for patients going on leave on the day the patient goes on leave.

- During the last inspection, the trust were told that they must ensure that all safeguarding alerts were made in a timely manner. During this inspection, we saw that safeguarding alerts were made promptly. Staff said that they did not raise safeguarding alerts very often, though staff we spoke with were aware of the referral process. The safeguarding procedures and the safeguarding contact details, were posted in every ward. Staff said that they were vigilant regarding possible safeguarding issues, such as inappropriate verbal or physical behaviour between patients and the risk of financial abuse of patients. Staff in low secure forensic services raised a total of 14 safeguarding alerts between 1 July 2015 and 30 June 2016. Some wards raised few safeguarding alerts, for example Barron ward raised no alerts, Butler raised one alert, and Solaris raised two alerts during this period. Derby raised the most safeguarding alerts with eight.

## Track record on safety

- Staff raised a total of 197 incidents on the men's low secure forensic services for the months of August, September and October 2016. Staff on Derby ward recorded the highest number of incidents with a total of 106 during this period. Most of the incidents raised during this period on Derby were security alerts. Staff on Tennyson raised the fewest incidents in August, September and October 2016 with only 10 being recorded.
- There were a total of 14 medication errors which necessitated staff raising an incident form during the previous three months.

- The trust had an incident reporting and management policy which sets out the procedure for staff reporting incidents using the internal internet. The trust had also produced an incident reporting leaflet for staff to help them report incidents.

## Reporting incidents and learning from when things go wrong

- Staff received support when they received racist and abusive language from patients. For example, when patients starting using racist language, the ward manager arranged for the head of security to come and explain that this was a crime and that if it continued the police would be called to respond.
- Staff fed back examples of when a serious incident had happened, the ward manager came to the next shift to support and debrief staff members. Staff members noted that the ward manager had been very proactive and positive. The incident was also brought up at the next community meeting between patients and staff, as well as in the reflective practice session.
- The trust said that learning from incidents is shared through its quality matters committee, the service line incident review groups and the service areas clinical improvement groups. It also said that senior managers, governance leads, corporate governance and others receive automatic alerts on specific incidents.

## Men's medium secure forensic services

### Safe and clean environment

- The Thames Lodge men's medium secure ward had opened since the last inspection and were bright, well maintained and clean overall. The standard of decoration was good. There were very few ligature anchor points on the wards, and none in the bathrooms and toilets. A ligature anchor point audit was done monthly by the ward managers.
- The two medium secure wards in the Tony Hillis Wing were not well maintained and there were ligature anchor points on door handles and fire alarms throughout the wards. In Avebury ward the bathroom and toilets were down a small corridor out of the line of sight of the main corridor and the nurses' station. There were ligature anchor points in the bathrooms from taps, toilets and door handles. The ligature risk was mitigated by understanding the individual risks of patients and putting patients who were at a higher risk of self harm

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on higher levels of observation. We looked at all of the risk assessments for patients on this ward and found that all but one were assessed as low risk of harm to self. The remaining patient had a risk management plan, which had been continuously updated, which ensured that staff kept the patient safe in this environment.

- The Tony Hillis Wing men's medium secure wards were clean, however the building is older and we saw evidence of pests, such as mice and cockroaches, in the reports from staff to facilities, as well as in the reports from the pest control contractors for September 2016.
- Clinical rooms in the Thames Lodge building were clean with hand washing facilities available. The sharps bin was clean and not over-filled. There were couches, scales and a grab bag with emergency equipment in each clinic room. The grab bag was checked daily. However on Brent ward, the equipment used for managing airways in resuscitation and black vacutainer blood needles had expired and not been replaced. There was a bin and a clinical waste bag in each clinic room.
- Staff did monthly infection control audits, medicines management audits and clinical audits.
- Medicines were stored securely in locked cupboards within the locked clinic room. Medicines were stored at the required temperature to remain effective and safe. Stock medicines were all in date.
- There were CCTV cameras throughout the Thames Lodge building. There are regular faults with the CCTV system and there have been a few incidents which were not recorded. This issue was not on the service risk register. Alarms were available on all the wards.

## Safe staffing

- On the men's medium secure forensic wards, the staff used the 'safer staffing' tool to judge how many staff and which grades of staff should be on each ward. This was two qualified nurses and 3 health care assistants (HCAs) during the day, 3 qualified nurses and 3 HCAs during the evening and 2 qualified nurses and 2 HCAs during the night. Additional staff would be allocated to the ward should more than one patient require close monitoring.
- We looked at staffing rotas and found that sometimes there were shifts that were short staffed. Ward managers said that incident forms were sometimes not filled in for when a shift was short staffed. Staffing rotas showed that sometimes there were not the number of qualified

nurses that were scheduled for a shift, and that this role was filled by a HCA. For example, on Brent ward during August and September 2016, there were six shifts where there was only one qualified nurse on the ward. On Avebury ward during the same time, there were also six shifts where there was only one qualified nurse on the ward. These incidents were not raised as it was not part of the trust incident protocol. This was an improvement from the previous inspection, which showed 172 shifts in a month (for the whole forensic service) which were covered by only one qualified nurse.

- The fill rate for the Three Bridges unit during June and August 2016 was over 100%. The fill rate is the percentage of time that the shifts are actually filled as opposed to hours which are planned. Staff said that staffing issues came up when there were incidents, especially ones which required secluding patients, as a member of staff would be required to spend time observing each secluded patient.
- We identified that there was a problem with medical cover at night. There was one junior doctor who covered the whole of the St Bernard's site including supporting A&E and the health based place of safety. This meant it was difficult for people in seclusion to get the medical reviews every four hours and that these were regularly delayed.
- Staff and some patients said that leave and activities were not often cancelled due to staffing shortages, and that it was better than it was a year ago. Staff felt that there were enough staff on the ward and most staff said they felt safe. Some staff said they did not feel safe due to the volatility of the patients.
- Vacancy rates for the men's medium secure services was slightly higher than for the men's low secure services. Average vacancy rates for qualified nurses between July and September 2016 was 22%. Bevan ward had 10% vacancy rate for qualified nurses of September 2016, but Brent ward had 34% vacancy rate and Windrush ward had 33% vacancy rates for qualified nurses for the same period. HCA vacancy rates ranged from 4% for Brent ward to 16% for Avebury ward, the average was 18% vacancy rate for HCAs. The Wells had low vacancy rates with RMNs vacancy standing at 8% in September 2016 and HCAs at 7%. The trust acknowledged that recruitment for qualified nurses continued to be a challenge and had set out a number of actions to address this.

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- Staff turnover rates for men's medium secure services for the previous 12 months was between 8% for Brent ward and 18 % for Avebury ward. Sickness rates were generally low, with only 1% sickness rate for Brent ward, 4% for Berry ward and 6% for Avebury ward for the previous 12 months.
- Agency staff were orientated to the ward by the nurse in charge, who explained security procedures.

## Assessing and managing risk to patients and staff

- Staff risk assessed each patient when the patient first came onto the ward. This was done as part of the care programme approach meeting, which happened within 72 hours of admission onto the ward. The trust used the HCR-20 assessment process. Staff updated the risk assessment and the risk management plans for each patient before every care programme approach meeting and also after every incident.
- After the last inspection, the trust was told that it must ensure that restraint and seclusion was appropriately recognised, only used when needed and recorded so its use could be reviewed. At this inspection we were assured that restraint and seclusion were appropriately recognised, recorded correctly and only used when needed. Seclusion was recorded in the trust's intranet, in progress notes in the patient record system and in paper format.
- On Windrush ward, we observed that three patients were subjected to 'open seclusion' at the time of the inspection. These patients were cared for in their room with limited access to the communal areas in the ward and with access to fresh air breaks two to three times per day. Staff informed us that seclusion procedures were followed for these patients and that the restricted area was within constant sight and sound of staff. On Windrush ward we found that two patients had been in open seclusion for more than five weeks.
- We noted that in six of the 17 seclusion records reviewed, staff were not following the Mental Health Act Code of Practice in relation to ensuring these patients had four hourly medical reviews and two hourly nursing reviews. In one seclusion record, during the previous month, we found that staff had secluded a patient for seven days with no record of them having one review a day completed by their responsible clinician. There was also no record of an independent multi-disciplinary review.
- Staff said that if a patient in seclusion was asleep and breathing normally at night they do not disturb them. They informed the doctor by telephone and they did not come in to do the medical review, but conducted it over the phone. In two of the seclusion records we looked at, we found this had taken place but there was no record of why the decision had been made to not follow the guidance in the MHA Code of Practice which says that medical reviews should take place in person.
- At the last inspection, the seclusion facilities were not found to be in a state of adequate repair and that patients' dignity was not being maintained when they were using the facilities. During this inspection we looked at all of the seclusion facilities and found them all to be adequate except for the seclusion room on Avebury ward, which was on the Tony Hillis Wing. This seclusion room opened to the middle of the ward corridor. The adjoining seclusion room toilet had taps that can be used as ligature anchor points. Staff showed us that they mitigated this risk by moving from the observation room to the ward corridor to observe the patient using the toilet through a viewing window. If staff did not get to the viewing window to obscure the window in time, other patients on the ward could view the patient using the toilet. The seclusion rooms in the Tony Hillis Wing did not have clocks.
- We observed the transfer of a patient who had been in seclusion to a high dependency ward. It was done with a full complement of staff from both the wards where the seclusion was and the ward where the patient was going to. Staff had asked the other patients on the ward to go into their rooms during the transfer to maintain calm during the transfer. It was a quiet and orderly procedure.
- Staff said that de-escalation techniques were being used more often than in the past and that prone restraint was a very last resort. Staff said that they will try to move an agitated patient to an area with less stimulus, such as their bedroom, before the situation escalated. From 1 May to 31 October 2016 staff secluded patients 22 times on Brent ward and 15 times on Windrush ward. However on Avebury ward, staff secluded patients only twice for the same period. Staff restrained patients eight times on Brent and Berry wards during this time period, and on Avebury ward staff restrained patients twice. If staff had to restrain patients, then it was usually in the prone position: on

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Brent ward staff restrained patients in the prone position six times out of the eight times patients were restrained; and on Berry ward, patients were restrained in the prone position five out of the eight times patients were restrained. Staff administered rapid tranquilisation medication to patients once on either ward during this same time period.

- During the last inspection, the trust were told that it should ensure that where rapid tranquilisation was used, it must make sure that observations take place and are recorded clearly for each patient. At this inspection we found that staff took patients' vital signs and carried out and recorded observations after they gave a patient rapid tranquilisation medication.
- Staff carried out monthly environment and personal searches to make sure that prohibited items, such as lighters or sharp objects, were not on the ward. Staff would also search patients or their rooms if there was a suspected risk. These searches had to be authorised by the ward manager or more senior staff.
- At the last inspection the trust were told that they must ensure that where patients are prescribed medication above the recommended dose the national guidance must be followed. At this inspection we found that this issue had been addressed. Staff put stickers on prescription charts of patients on high dose antipsychotic therapy (HDAT). The trust had implemented a physical health portal on the trust intranet that was designed to assist staff with the monitoring of patients on HDAT. Staff gave patients' blood tests to monitor their HDAT when necessary. Our medical advisor reviewed the records of patients on HDAT and had no concerns about the use of HDAT at the service, as staff monitored patients' physical health in accordance with best practice.
- The trust acknowledged in their senior management meeting minutes for July 2016 that the service was still potentially under-reporting safeguarding alerts. Between 1 July 2015 and 30 July 2016 Berry ward raised the most safeguarding alerts for the men's medium secure services with seven alerts; Windrush ward raised four, and Brent ward raised two alerts for the same period. Staff demonstrated a good understanding of safeguarding and were able to point to examples when they had raised safeguarding concerns. Staff said that if

they suspected a risk to a patient, which was either financial, sexual, physical or emotional, they would raise an alert on the intranet and not wait for the social worker to do this.

## Track record on safety

- Staff on the men's medium secure forensic wards raised a total of 178 incidents for August, September and October 2016. Staff on Avebury raised the fewest incidents during this period, recording only seven incidents in total. Staff on Berry ward raised the highest number of incidents during this period, with a total of 44. Staff on the men's medium secure forensic wards raised a total of 51 incidents with regards to security.
- The trust recorded six serious incidents requiring investigation by the trust in the men's medium secure forensic service during the last six months, and eight serious incidents which were reported to the strategic executive information system between April 2015 and March 2016.
- From the trust's overall risk register we saw that the trust had rated itself as an amber rated risk in relation to the trust not responding in a timely fashion to incident reports. The possible impact of this risk is that there was a risk of failing to implement the lessons learned in a timely manner and of eroding the trust's reputation with external stakeholders. As of quarter two 2016, the trust had implemented a number of actions to mitigate this risk; including having a list of trained investigators to minimise the time required to appoint an investigator and panel and conducting an initial review of incidents for immediate learning.

## Reporting incidents and learning from when things go wrong

- We heard examples of how staff had learned from incidents. The trust held bi-weekly local team reviews where staff were debriefed on incidents. The debrief sessions also reviewed how staff were interacting with patients.
- Every week the senior staff went through all the serious incident reports to monitor their investigation and to determine the learning from them. These meetings had the head of nursing, the service directors, senior nurses, a service user consultant, representatives from occupational therapy and psychology and the patient safety lead, along with others.

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- The trust cascaded learning from incidents through reports to the senior management team, through to wards. If a staff member was absent during the team meetings, they received the minutes so that they did not miss any learning.

## Women's low and medium secure services

### Safe and clean environment

- The Orchard is a purpose built unit. There were good sightlines within the communal and corridor areas on the wards. All wards had ligature and environmental risk assessments which identified the areas of the wards where patients were at higher risk. Staff used this information to manage risk by ensuring, for example, that patients were supervised in higher risk areas where there was an identifiable risk.
- The service had an annual ligature anchor point risk assessment which had been completed and was up to date. Wards had ligature risk maps which rated areas according to traffic light colours with red being a high risk area, yellow being medium risk and green being low risk. This visual aid ensured that staff had quick and easy reference to areas which needed additional observation levels. Staff mitigated the risk of ligature anchor points by understanding of patient need and risk level and by observation where necessary.
- All ward areas we visited were visibly clean. Generally patients and staff did not report any concerns about the cleanliness on a day to day basis.
- Staff carried out infection control audits regularly. As well as an annual audit, the security liaison nurse carried out monthly audits. All wards had alcohol hand gel dispensers available at the entrance of the ward.
- Some wards had seclusion rooms. We were not able to check all the seclusion rooms on site as some were in use during our inspection visit. However, they had ensuite toilets, two way radio communication and good visibility for staff. Clocks were visible. When we visited in August we found that on some days in the summer some of the seclusion rooms were registering temperatures above 25 Celsius. When speaking to a patient in seclusion on this inspection she complained that she got cold, especially at night. Staff recorded the

temperature of the seclusion room at the two hour review. If the patient found this uncomfortable the coordinator could contact facilities to adjust the temperature.

- All wards had clinic rooms which had emergency equipment available, for example, defibrillators. These were checked weekly. However we found that despite these checks some wards had equipment which was out of date or was the wrong type. For example on Pearl ward there was the wrong type of oxygen mask, there was also no Aspirin with the emergency drugs. On Damson ward the electrodes on the defibrillator were out of date and on Melrose the Aspirin and DextroGel were out of date.
- The prescription and medication information present in the clinic room was clear and robust. There were high dose lithium and rapid tranquillisation guidelines present. Lithium warning stickers were added to charts and capacity and treatment forms were present.
- All staff had access to a personal alarm which was distributed at the entrance of the unit. These were regularly checked and serviced.

### Safe staffing

- At our inspection in August 2016, we identified that there were still insufficient staffing to be able to ensure that the patients' needs were met. On this inspection we found that although staffing levels remained an issue the unit had tried to mitigate the effect on patients by bringing in measures such as monitoring leave, increasing the Atrium hours and employing agency staff on short term contracts. No patient leave had been cancelled.
- At our inspection in August concerns were raised by both staff and patients regarding the staffing numbers and that this was affecting safety. Section 17 leave was also reportedly being cancelled as a result of short staffing. There was now a form in place which was completed if Section 17 leave was cancelled due to staffing levels. The service director and senior nurse monitored these weekly and they are taken to the monthly directorate clinical improvement group to review. There had already been a reduction in cancelled leave since these had been introduced.
- During our inspection in August there were concerns raised by patients regarding activities being cancelled



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due to staffing levels. On this visit we found that the activities in the Atrium had been extended to 12.45pm and it was planned that these will continue to increase. This was seen as very positive by patients.

- Bank and agency staff was used to cover the shortfall in staffing. Where possible short term contracts were being given to staff to help with the shortages and continuity of care. For example on Melrose ward an agency band 5 nurse was due to start with a three – four month contract.
- When bank and agency staffs started they had the same security induction as other staff members.
- During the previous inspections of June 2015 and August 2016, we identified that there was a shortfall in the numbers of qualified nurses. This continued to be a concern. There were seven vacancies on Parkland, seven on Melrose, three on Damson, three on Pearl, two on Aurora and one on Garnet. This was an increase from August. Staff had put in place an action plan to improve recruitment. The monthly recruitment day which the patients were involved in was continuing with some successes. There had been three qualified nurses start since August. During the recruitment day in September the trust recruited four band 6 posts and one band 5. There was a recruitment day arranged in November but there was only one applicant at the time of inspection. The service director was also looking at organising some different ways to be able to enhance their recruitment campaign through the use of social media, getting the women involved to tell their stories and delivering information days at the universities. Two patients told us that they were involved in this project which they were very positive about.
- Some staff and patients told us that staff were moved between wards to ensure that there was an adequate staffing level across the hospital. This was affecting staff morale and patient care, especially on wards such as Garnet where this happened frequently.
- Staff and patients generally felt safe on the wards and supported. There had been a recent incident in Melrose ward which had resulted in a seclusion of a patient. Two patients informed us that staff had managed this very well and although they had been scared they had been supported at the time and received a debrief afterwards.
- In the period 1 May 2016 to 31 October 2016 staff did not restrain patients on Garnet. The highest number of incidents was on Parkland (a womens enhanced medium secure unit) where there were 42 incidents reported involving five different patients. Of these 26 were in the prone position. The second highest number of restraints recorded was on Melrose (a womens enhanced medium secure unit) where there were 23 incidents involving three different patients, of which 13 were in the prone position. On Aurora there were eight incidents, involving two patients; one of these incidents was in the prone position. Garnet had one incident which was in the prone position. Pearl had two incidents, involving one patient; one incident was in the prone position.
- In the same period there were 60 incidents of seclusion on Melrose, 23 on Parkland, seven on Aurora, one on Garnet and one on Pearl.
- Within the unit there were two types of seclusion occurring; full seclusion and therapeutic engagement and supportive observation (TESO). The senior management team were actively looking at this to ensure that their policy recognised the seclusion they were using.
- At our last inspection in August 2016 we found that there gaps in records of seclusion. This was especially with the paper records where there were gaps in the front sheets which stated why seclusion had begun and when it was ended. There were also missing observation records. This had improved significantly since then. All the paper seclusion records we saw had a care plan attached, a personal emergency evacuation plan and all the observation records present. These were handed over at each change of staff during the seclusion and signed off by the nurse in charge at the end of the shift. They were then kept in the patient's personal file. This was a significant improvement from August.
- Staff showed us the seclusion records on the electronic database which showed regular nursing and medical reviews were occurring. The electronic notes on these were detailed.
- We looked at 13 patient files across the unit. Within this we saw some very good up to date risk assessments and

## Assessing and managing risk to patients and staff

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care plans, three of them, however, had not been updated for some time. All patients from across the service have a risk assessment completed each time they had unescorted leave.

- Since the inspection in June 2015 the trust had done a lot of work to ensure that blanket restrictions were minimised and that individual care planning and risk assessments were applied. On Aurora ward some patients had concerns that there were restrictive practices around make up not being allowed in their bedrooms. We continued to see evidence that restrictive practice was still actively being discussed and worked on throughout the unit; it was on the agenda at clinical improvement groups and community meetings. There was a restrictive interventions reduction committee which met regularly to discuss any restrictive practices and how these could be addressed. We saw good evidence on Melrose ward where the patients were individually assessed as to what items they were able to have in their rooms depending on risk.
- There were monthly pat down searches of patients and searches of their bedrooms. This could be increased if needed. All patients were searched on return from unescorted leave. There was also regular drugs testing for all patients.
- Staff had a good understanding of recognising and reporting safeguarding concerns. The wards had dedicated social workers who were employed by the local authority and seconded to the trust so that safeguarding concerns identified on the ward were shared with local authority staff. The wards had strong reporting cultures and the ward social workers attended ward rounds and were part of the multi-disciplinary team, so were able to feedback on the outcomes of any safeguarding investigations. There was a bi-monthly unit safeguarding meeting which was attended by the

local authority where all safeguarding concerns were discussed. Patients could have children visiting the unit in the family room which was away from the wards. There would always be a staff member present during visits.

- Medicines were stored secularly in the relevant clinic rooms. Staff had access to trust pharmacists who were able to provide support for clinicians and advice patients. Medication records an were up to date and completed without error.

## Reporting incidents and learning from when things go wrong

- The trust intranet was able to give ward managers details of the number of incidents that had occurred during previous months and the type of incident this was. This was useful to be able to gain an oversight of the type of incidents that had occurred on the ward.
- All staff knew how to report incidents and which incidents to report. There was still not a system in place where incident reports that had been signed off by other staff could be accessed by ward managers and senior staff. The senior management team assured us this was being addressed.
- Staff were open and transparent and would apologise to patients when things go wrong, we saw examples of this occurring.
- There were debriefing sessions for both staff and patients after incidents.
- Staff discussed incidents at multi-disciplinary team meetings, community meetings and clinical improvement group meetings as well as within ward rounds. There were also reflective practice sessions for staff to attend. Staff valued these sessions and they were a positive part of the service.

# Are services effective?

Requires improvement 

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

## Our findings

### Men's low secure forensic wards

#### Assessment of needs and planning of care

- At the last inspection, the trust were told that they should ensure that all care plans are up to date, clear and consistent, have a recovery focus and a discharge plan where appropriate. At this inspection we found that care planning was generally good. The trust had also implemented a new care pathway for patients in low and medium secure care. This made the whole process of caring for patients more recovery focussed, as patients were supported to move from admission to discharge, with different wards and approaches for each step towards recovery.
  - The care plans covered education and health promotion; occupational, social, environmental and interpersonal relationships; physical health; psychological and mental health wellbeing; safety and risk management and spiritual support. Staff identified goals, activities, patient's views and authorisation in each care record. Most of the care plans identified patient's views by stating entries in the first person, however in ten of the care plans we looked at, the entries were in language not likely to have been used by patients, as they used technical written language rather than colloquial verbal language.
  - Staff identified that there were patients with a learning disability who were on the ward. When we looked at the care records of these patients, we found that the risk assessment and care plans did not mention how the care of these patients took into account their learning disability. In one, the most recent care programme approach (CPA) plan noted that the patient had a learning disability and recommended that the patient be transferred to a more appropriate learning disability facility, however there were no plans in place to treat his needs in the meantime. Staff did not give a more accessible version of a patient's care plan to patients with a learning disability, even when it was noted that the patient had difficulty reading.
- other interventions for patients using forensic services. They also ran a range of groups to support people with specific needs, for example with a history of fire setting. The psychology team had also set up a mindfulness based therapy group that accepted patients close to discharge and patients in the community.
- The psychology team had a strategy in place to reduce the waiting times for therapeutic group interventions, which could be up to two years for the 'good lives' programme. The managers of the psychology service said that there was no system for monitoring the waiting times for individual psychological interventions. However staff said that the low secure patients did not have enough psychological therapy input. The psychology staff said they were increasing the psychological capacity of the nursing staff by training the staff in psychological interventions.
  - Staff assessed each patient's physical health needs on admission and every six months thereafter. Staff had developed care plans which met the physical health needs of patients. There was a primary health care suite on site which was staffed by a GP and specialist nurses. Staff assessed patients using a Glasgow antipsychotic side effect scale where necessary, ensuring that side effects from antipsychotics were regularly reviewed.
  - Staff assessed the patients' allergies, whether they needed support with smoking cessation, whether patients were at a higher risk of falls and whether they needed support for substance and alcohol misuse. Staff also assessed the family health history in relation to asthma, diabetes, heart disease and other conditions. Staff supported patients with diabetes well, which included interventions from nutritionists, dieticians and chiropody.
  - The trust had started the 'safe wards' project, which had been developed with patients and staff. Safe wards is an evidence based model of care and interaction on mental health wards. The aim of the project was to reduce conflict and create better working relationships between patients and staff. Staff asked patients what they expected from staff in terms of their behaviour. Staff also developed their profiles for patients so that patients knew their likes and dislikes; this helped to develop a mutual rapport. The project also used calm down methods, which involved a box with resources,

#### Best practice in treatment and care

- The psychology team was responsible for providing a range of psychological therapies including family therapy, cognitive behavioural therapy and range of

# Are services effective?

Requires improvement 

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

such as stress balls and relaxing music, which patients could access when they were feeling anxious. Staff enjoyed developing the project. The results were evaluated and the approach amended as needed.

## Skilled staff to deliver care

- Clinical staff, such as psychologists, therapists and senior nurses; had both clinical and managerial supervision. Managerial supervision was done monthly by the staff member's line manager and recorded on the intranet. The line managers also kept a more detailed set of notes of each supervision. Clinical supervision was given monthly or more frequently for staff in new roles. Some staff had external clinical supervisors which was funded by the trust. There was also peer supervision for psychologists and band 7 nurses.
- Band 3 and band 5 nurses had clinical and managerial supervision delivered by the same person and at the same time. This was done monthly and covered performance. Mandatory training was also discussed. We looked at the supervision records of 18 staff. There were no set agendas and no distinction between clinical and managerial supervision in most of the records, there was also little narrative and no real sense of what was covered.
- Appraisal rates for nursing staff in forensic services was 89% as of 30 September 2016. The trust's revalidation rate for doctors was 100% for forensic services for the year ending 30 June 2016.
- Psychologists said that they had support from the trust for their continuing professional development which involved accessing training in the community.
- Agency and bank staff had the same mandatory training as regular staff. Agency staff we spoke to said that they would have liked more of an induction onto the ward that they were asked to work on, although they did get an induction in working at the trust. Agency and bank staff felt supported by the regular staff and by the ward manager.
- Staff said they felt supported to do additional training and gain additional certificates.

## Multi-disciplinary and inter-agency team work

- Multi-disciplinary teams on the wards consisted of medical and nursing staff as well as social workers,

occupational therapists, clinical psychologists and activity coordinators. Pharmacists were based within the service that visited the wards regularly and were able to provide input to staff and patients.

- There were bi-weekly multi-disciplinary team meetings for patients. Patients could bring in a family member or advocate if they wanted.
- Clinical staff said that their relationship with the Ministry of Justice was good, which helped get approval for patient leave quickly.
- There was good cross team work with the community teams and the rehabilitation wards.

## Adherence to the MHA and the MHA Code of Practice

- An independent mental health advocacy (IMHA) service provided by the Advocacy Project was available to patients. The service would visit patients on the ward by request. There was a notice with the IMHA details displayed and patients could contact the services directly. Staff also made referrals to the IMA service for patients.
- We looked at patients records and found that information regarding rights was provided every three months and after significant events such as renewal of detention. Patients demonstrated to us that they were aware of and had exercised their rights.
- Mental Health Act training had been completed by 89% of staff as of 30 September 2016.

## Good practice in applying the MCA

- Staff demonstrated a good understanding of the principles of the Mental Capacity Act. The trust had provided a good template for assessing patient's mental capacity in the electronic case records and where needed they were completed well.
- The clinical staff showed that they understood the Mental Capacity Act and were able to give examples of where patient's capacity might fluctuate because of their mental health conditions. Staff were clear that they would first assume a patient had capacity and would do everything they could to understand the wishes of patients in regards to decisions that they needed to make. Staff gave examples of assessing patients' capacity, such as in relation to handling their own money if there were concerns that patients were influencing more vulnerable patients to hand over their

# Are services effective?

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money. Staff would make sure that the vulnerable patients understood what they were doing and intervene if necessary. Staff said they had completed face to face training in the Mental Capacity Act.

## Men's medium secure forensic services

### Assessment of needs and planning of care

- A consultant psychiatrist, senior nurse and sometimes a psychologist or social worker in addition to the consultant, completed a pre-admission assessment before each patient was admitted to the ward.
- Staff completed care plans upon admission to each ward. A patient had a care programme approach meeting within 72 hours of admission which informed the patient's care plan. This meeting had members from the multi-disciplinary team and the primary nurse in it. Staff then uploaded the care plan onto the electronic patient record system and also gave a copy to the patient.
- Staff carried out a range of structured formal assessments for patients on admission. These assessments were continued over the course of the admission.
- Staff completed care plans well. We found the care plans comprehensive, individualised and showed evidence of patient views being recorded. Ward managers said that they did care plan audits every month to check how many times patients met with their primary nurse and to check on the overall quality of care planning.
- The trust had recently asked staff to redraft patients care plans so that they reflected the goals of the care plan as if the patient has verbalised them, but the language was very technical and was not framed in a language likely to have been used by the patient. The care plan also did not record any disagreements that the patients might have about their care.

### Best practice in treatment and care

- All patients had their physical health assessed during their admission. Health observations were completed on an ongoing basis. A comprehensive physical health check was completed every six months. A primary healthcare team was based at the Three Bridges and at the Tony Hillis Wing; this included a GP, dentist and a dietician that patients could access by referral.

- Patients were assessed using the health of the nation outcome scales for secure settings to measure patients health and social functioning. This was repeated over time to measure outcomes for patients. Occupational therapists (OTs) used the model of human occupation screening tool (MOHOST) and engagement model to gain an overview of the patient's occupational functioning and develop a treatment for them. OTs said that the current group programme provided by the activities coordinators who were part of the OT department was more leisure based and there were not enough OTs currently on the ward to follow a more outcome based model.
- The trust had started the 'safe wards' programme, which supported patients and staff to work together with the aim of creating a calmer and safer ward. Safe wards is an evidence based model of care and interaction on mental health wards. The aim of the project was to reduce conflict and create better working relationships between patients and staff. The results were measured to evaluate the progress.

### Skilled staff to deliver care

- Ward managers supervised the team leaders, who then supervised band 5 and band 3 staff. We looked at the supervision notes for some staff. There was no evidence of an agenda, of a differentiation between line management issues (for example, training) and clinical supervision (for example, reflective practice and reviewing patient care), or staff concerns.
- Staff had access to reflective practice sessions. A psychotherapist from another team facilitated these groups. Bank and agency staff could go to these groups if they were on shift at that time. Group attendance was limited by the shift system, so if staff were not on shift that day they could not attend the group.

### Multi-disciplinary and inter-agency team work

- Staff held a multi-disciplinary team meeting every week for new patients in the first month of their admission, and then every other week.
- Multi-disciplinary teams on the wards consisted of medical and nursing staff as well as social workers, occupational therapists, clinical psychologists and activity coordinators. Pharmacists were based within the service that visited the wards regularly and were able to provide input to staff and patients.

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- There was a security liaison nurse who covered the medium secure forensic services and linked the security team with the wards. The security team worked with the police and magistrates to provide support and communication between the wards and the local law enforcement teams. The security team also looked at incidents on the wards and helped develop individual risk management plans for patients. The team also attended user events and community meetings to liaise directly with patients. The team also supported the wards in planning leave for patients, especially to court.

## Adherence to the MHA and the MHA Code of Practice

- Staff demonstrated a good understanding of the Mental Health Act and emphasised the importance of reading patients their rights and providing information leaflets to patients regarding their section under the MHA. Staff said that they read patients their rights on a regular basis and would advise them on how to apply to a MHA tribunal if they wanted to contest their section.
- An independent mental health advocacy (IMHA) service provided by the Advocacy Project was available to patients. The service visited the wards at least once a week. There was a notice with the IMHA details displayed and patients could contact the service directly. Patients were aware of the IMHA service.

## Good practice in applying the MCA

- Staff demonstrated a good understanding of the principles of the Mental Capacity Act. The trust had provided a good template for assessing patient's mental capacity in the electronic case records and where needed they were completed well.
- The clinical staff showed that they understood the Mental Capacity Act and were able to give examples of where patient's capacity might fluctuate because of their mental health conditions. Staff were clear that they would first assume a patient had capacity and would do everything they could to understand the wishes of patients in regards to decisions that they needed to make.

## Women's low and medium secure services

### Assessment of needs and planning of care

- Staff undertook a detailed assessment of patients before they were admitted. In the enhanced service once an appropriate referral was received they were

assessed by the nursing, medical and psychology teams. They presented their findings to the admissions team and they were discussed in the referral meeting. If it was decided that the person was appropriate the leading consultants will then liaise to ensure a smooth transition. They had started a system where there was a contract drawn up between the patient and the ward before admittance. The trust had one patient admitted since this process had been developed and it helped the transition. A full handover was given to the team before the admission took place so that they were aware of the person's needs and presenting risks. In all wards a care programme approach meeting took place within 72 hours and a full care plan, risk assessment and physical health check was completed.

- As well as physical health check on admission to the service, all patients had key physical health indicators checked regularly, for example, blood pressure, temperature and respiratory at least once a week and more if necessary.
- The service had a physical health nurse who was able to provide advice and support where additional focus was needed on physical health. There was also evidence of good links with the general hospital which shared the same site.
- Records were in both electronic and paper form however there continued to be progress made towards ensuring there were just electronic records. There had been improvements in the electronic record keeping since August, especially for seclusion.
- Care plans we saw contained specific crisis plans which indicated triggers for potential deterioration.

## Best practice in treatment and care

- Each ward had access to psychological therapies on an individual or group basis. For example, patients had access to cognitive behavioural therapy groups and dialectic behavioural therapy groups as well as one to one sessions with psychologists. Staff and patients told us that they felt that more psychology time was needed. If the psychologist for a ward was off then patients did not get their sessions, also they felt that one session every other week was not adequate for one to one sessions.

# Are services effective?

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- A number of audits took place on the ward; both clinical and non-clinical nurses on the ward undertook a monthly audit of care plans and risk assessments, ensuring they were up to date.
- The service used health of the nation outcome scales for secure settings to record and measure outcomes. Discipline specific outcome measures were also used. For example, occupational therapists used the standard model of human occupation screening tool, while psychologists used individual recovery based goals to measure progress for individuals.
- The service had adopted the 'safe wards' model. Safe wards is an evidence based model of care and interaction on mental health wards. We saw evidence of this being discussed in community meetings.
- National early warning scores (NEWS) were being used across the unit. We looked at the NEWS records on three wards. On Pearl we looked at 10 records, they were recording NEWS both on paper and electronically. There were discrepancies with incorrect scoring on the paper records, not all the parameters were recorded on both paper and electronic records and they were sporadically recorded. Nine NEWS records were looked at on Melrose, these were sporadically completed and rarely added up to get the total score. On Damson they were not consistently added up for the total score, they were incorrectly calculated on occasions, however they were kept with the drug charts.

## Skilled staff to deliver care

- Multi-disciplinary teams on the wards consisted of medical and nursing staff as well as social workers, occupational therapists, clinical psychologists and activity coordinators. Pharmacists were based within the service that visited the wards regularly and were able to provide input to staff and patients.
- We spoke to two staff members who had recently started in the service. They told us they had started their inductions; however one nurse informed us that they felt their induction had been interrupted due to short staffing on the ward.
- When we visited in August 2016 we found that supervision had not always occurred regularly. Supervision rates had improved since then and all staff said they were receiving supervision regularly. For September 2016 the clinical supervision rate was 94%, which was just below the trust target of 95%. In August

the ward manager was not able to have an oversight into how many supervision sessions were taking place. With the new system on the intranet they were now able to access data on exchange which evidenced supervision levels across the ward. We looked at six supervision records over two wards and saw that these were recorded however there was no system to ensure that there was consistency for what this included and the information recorded could be sparse. The Senior managers informed us that there was a day's clinical supervision training being rolled out for all supervisors across the service. We saw evidence that this was taking place on seven dates over the next five months to ensure all relevant staff can attend, the content of this training looked thorough and should further enhance the improvements in supervision.

- Nursing staff had access to a weekly reflective practice group. Previously staff had told us this could be difficult to attend however this was now being supported on the wards so that it was easier for staff to attend. Senior managers were supporting the wards to ensure that as many staff as possible could attend.
- Some staff told us that they had access to specific specialist training such as working with people who have personality disorder. Managers had also been able to attend leadership and management training. Staff had found this positive and we saw evidence of an initiative on Melrose ward directly from this course which was to help health care assistants feel more valued within the ward. This has had a positive outcome and improved morale.
- Staff informed us that they had not had specific autism training where there was a patient who had an autism diagnosis and it was felt that this would be beneficial for ensuring their needs were understood and met.
- The service ran monthly education sessions which were open to all staff from all disciplines.
- Each ward had regular staff meetings as well as clinical improvement group meetings which ran either by ward or pairs of wards. For example we attended a clinical improvement group for Garnet and Aurora wards. These meetings picked up issues such as incidents, complaints and feedback. There was a service user representative at this meeting however due to the timing of the meeting they were only able to stay for half an hour. The

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information from these meetings was reported to a service wide clinical improvement group to capture themes and areas of concern and excellence so that this information could be disseminated.

## Multi-disciplinary and inter-agency team work

- Each ward had either weekly or fortnightly ward rounds where the multi-disciplinary team met and discussed with patients and their families, where appropriate, their current or future treatment plans. We attended one ward round which was thorough. Patients were able to complete a form prior to the meeting which outlined what they wished to say. They were then able to read this out in the meeting. Patients felt this was beneficial in enabling them to express their opinions and feel involved in the meeting.
- Social workers in the service covered two wards each. They were employed by the local authority and seconded to the trust and led on areas such as safeguarding and liaising with family and carers. There were links with the relevant multi-agency public protection arrangement (MAPPA), agreed section 17

leave was discussed with the local MAPPA where needed. The women's enhanced medium secure service received referrals nationally and so staff needed to be able to liaise with teams across the country.

## Adherence to the MHA and the MHA Code of Practice

- There was a Mental Health Act office based on the site covering all the services at St. Bernard's Hospital. They had coordinators in place that scrutinised Mental Health Act documentation on site.
- The Mental Health Act office carried out regular audits on the wards of Mental Health Act paperwork to ensure that it was completed appropriately.
- Staff on the ward had good understanding of the use of the Mental Health Act and knew where to seek advice if necessary.

## Good practice in applying the MCA

- Staff generally had a good understanding regarding the implementation of the Mental Capacity Act and how it would relate to practice on the wards. Staff were able to give examples of where there had been concerns regarding patients capacity to manage their money or their personal property and how these concerns were acted on.



# Are services caring?

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

## Our findings

### Men's low secure forensic services

#### Kindness, dignity, respect and support

- Many of the patients we met with spoke highly of the staff and they said that they were compassionate and skilled. Patients said that staff were genuinely interested in their well-being.
- Patients said that the ward environment had improved over the last year, they said that the staff were more respectful and treated the patients better.
- Two patients we spoke to said that if they did not feel safe on the wards due to the volatility of the other patients, then the staff would support them to feel safer.
- Patients on Derby ward were especially happy and they felt that the staff were uniformly excellent and that they were supported to do many activities. Patients said that they were treated as individuals, and that staff responded quickly to incidents.
- The 2016 PLACE scores for Privacy, Dignity and Wellbeing for the St Bernard's Hospital site, where this service was located, was 85.4%, which was below the national average of 89.7%.

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

- There were community meetings on all of the wards which patients chaired and took minutes, as well as set the agenda. Minutes and actions arising from meetings were reported on at next meeting. There were service user representatives at the service user forum.
- Patients were able to access advocacy and we saw from patient care records that advocates were present in ward rounds.
- Patients said that their family members were encouraged to participate in their care.

### Men's medium secure forensic services

#### Kindness, dignity, respect and support

- We observed positive staff patient engagement on the wards. We heard from the IMHA service that the staff tried to work meaningfully with patients.
- Some patients said that the staff were good, but two of the patients we spoke to said that the staff bullied the

patients and that they felt 'victimised'. Patients said that they had noticed a positive change in the wards and that staff were better now. Most patients said the staff were caring, supportive and approachable.

- Some patients that had been in seclusion said that the treatment was fair.
- Patients said that they had keys to their rooms and had never had anything go missing. Other patients said that they did not lock their room because they were not allowed to keep the keys, and they did not want to bother staff every time they wanted to go to their room.
- Patients said that staff generally knocked on their bedroom doors before coming in.
- Patients were supported to maintain contact with their families, for example the staff would assist in bi-weekly international phone calls to their families. Patients said that staff encouraged family involvement in their care.

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

- Patients said that staff had shown them around the ward when they were first admitted, and staff explained the routine to them, such as how to access the social worker or advocacy.
- Patients were actively involved in the running of the ward through a weekly community meeting that was chaired by patients and was recorded. The community meeting minutes were displayed on the ward.
- Some patients said that they had been offered a copy of their care plan.
- A trust wide carers' event was held monthly. Carers were invited to attend ward reviews and care programme approach meetings on the ward where appropriate.
- We observed a patient meeting where patients were given the opportunity to choose their activities for the day and to express their preferences for future activities. The staff that facilitated the meeting showed respect to the patients. Patients also discussed whether they had enough choice over the food on the wards. Some patients felt that the options they had chosen did not get through to the kitchen as everyone ended up with the same food. Time was given to each patient to say what they wanted and all requests were acknowledged and recorded by staff.
- Some patients said that the multi-disciplinary team meetings (ward rounds) were intimidating, however

# Are services caring?

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they were able to discuss their concerns with a nurse beforehand if they did not feel able to voice their opinions in the team meeting. Some patients said that the clinical professionals did not explain things to them well, so that they did not know what was going on with their care. For example, two patients had asked their doctor what they had to do to get leave, and the answer was vague. The doctor said that they would get leave when the staff trusted them.

## Women's low and medium secure services

### Kindness, dignity, respect and support

- During the inspection we spoke to 15 patients across the wards. This included a focus group for Garnet and Aurora which five people attended. There were some concerns expressed about staffing numbers and the impact on escorted leave. There were also some concerns regarding staff not always talking respectfully and not always knocking on bedroom doors. Most feedback was positive especially from Melrose and Parkland wards where patients gave very positive feedback about how they were supported and had improved in these environments. Two patients informed us how they would like to be involved in advocacy when they are discharged due to the support they had received.
- Three patients specifically mentioned how they value the support they receive from senior managers. We saw evidence of this that the service director spent time with women who was being secluded.
- We observed staff working in a positive way with patients and displaying care and attention to ensure that they respond with kindness and respect.
- Staff we talked to showed a good understanding of the patient's individual needs.
- All patients felt that the atrium was a positive place where they could spend time and feel valued. We found that the opening hours had been extended since our last visit and there were plans to increase these further.

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

- The individual wards were developing welcome packs for when new patients were admitted.
- On Melrose ward a welcome party was held when a new patient was recently admitted.

- All wards had weekly community meetings. These meetings were recorded. Staff from across the MDT attended as well as patients. We saw minutes of these meetings which showed that many topics were discussed and that patients were able to be open and honest about their concerns. We saw that there was action taken from these meetings. However the patients Aurora and Garnet who were part of our focus group fed back that at times they were not sure that actions were always taken.
- Each ward had a daily planning meeting where staff and patients discussed plans and activities that were taking place on that day.
- There was an Orchards patient's forum which met monthly. There were representatives from each ward as well as members of staff across the service including senior management. This was an opportunity for patients to feedback about the service and also be updated on information about the trust.
- All the patients we spoke to said that they were involved in their care planning. There were some patients who felt that they were unclear about their discharge plans and that these could be delayed at times due to staffing. However other patients were able to inform us what the plans were for them moving forward.
- The unit are encouraging patients to begin to chair their own care programme approach meetings, to empower patients to take a proactive role in their care management.
- Information about advocacy was available throughout the unit through leaflets and posters on the wall. The advocate visited the Atrium and the wards regularly to speak to patients individually.
- Families and carers are invited to attend meetings where appropriate. There was a visiting room near the entrance to the unit where children can visit.
- Patients were involved in the staff recruitment drive that the unit was undergoing. They were involved in the staff recruitment days. Two patients spoke to us about the plans to develop the recruitment to social media, visiting universities and looking at the possibility of delivering their stories to help to recruit staff. They were very proud and enthusiastic about this role.

# Are services responsive to people's needs?

Requires improvement 

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

## Our findings

### Men's low secure forensic services

#### Access and discharge

- The trust had implemented a new care pathway so that patients who were assessed as being closer to recovery would be moved to rehabilitation wards. Staff on rehabilitation wards did assessments to identify what support patients would need to develop independent living skills. As patients became more independent, the rehabilitation wards would support them to go to recovery hubs in the community. Staff also involved carers, family and community workers in the patients' discharge planning. Staff would invite community workers into ward rounds to facilitate patient discharge.
- The trust provided a vocational pathway to support patients develop work skills. There were two on-site cafés and shops where patients could work. These opportunities developed serving, customer service, stock taking and finance skills.
- The wards aimed to discharge patients or transfer them to the next ward in the care pathway within two years. As the new model had been implemented three months before the inspection, it was too early to evaluate the effectiveness of the rehabilitation work.
- Bed occupancy rates between 1 January 2016 and 30 June 2016 for the forensic service fluctuated between 77% to 100%. The trust stated that bed capacity was managed through daily and weekly bed management meetings, attended by ward managers and clinicians from inpatient services. The meetings identified any potential or actual delays to discharge.
- The length of stay for patients at the service as at 11 August 2016 was between 128 and 1066 days. Between 1 January 2016 and 30 June 2016, there were a total of 33 delayed discharges at the forensic service.

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

- The Tony Hillis Wing wards were in poor condition. Derby ward had no immediate access to fresh air. To mitigate this, patients were escorted down to the courtyard during the day. This was usually three times a day for 20 minutes. Staff also tried to take patients outside these leave times to increase access to fresh air.

- On all the wards, patients shared bathrooms and toilets. Five of the patients we spoke to told us that there were not enough toilets for the patients and that the showers were sometimes blocked or did not work properly; there was also negative feedback from the comment cards about the facilities. On Solaris ward for example, there were two toilets for 16 patients. These two toilets were in a bathroom and a shower room. That meant that if two patients were getting washed, there were no toilets for the other patients to use. We were told that patients could use the toilet facilities in the seclusion room as an alternative in these circumstances however this was not routinely stocked with toilet paper and there was a small viewing panel set in the door, compromising privacy.
- Viewing panels in the bedroom doors could not be closed from the inside, however we noted that all panels were in the closed position to help maintain privacy and dignity for patients.
- Staff and patients all said that the food at the Tony Hillis Wing was of poor quality and there were insufficient quantities of it. On one ward, we observed that of 16 patients, only six patients attended the lunch that was provided, others preferred to either self-cater or to wait to go on leave to get food. The meal looked very unappetising and the portions were very small. Patients on Tennyson ward and Butler House were self-catering.
- Patients said that they could make hot drinks throughout the day and that snacks were available.
- Staff provided patients with activities on the ward such as drawing and painting, bingo, newspaper groups. Off the ward there were occupational therapy groups such as the disc jockey, gym, and smoothie making groups. On the weekends patients could access the café and shop in the Tony Hillis Wing, if they have leave, otherwise there was little to do on the wards. A seven day programme of activities was available to patients in the occupational therapy department on the hospital site. Patients told us that the sporting activities, such as cycling, swimming and their football team, had been cut because of the shortage of staff.

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

- Patients had access to vegetarian and Halal food, although two patients said that this food was not very good.

# Are services responsive to people's needs?

Requires improvement 

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

- Patients could access a chaplain or an Imam, and staff would support patients to access other religious leaders if they wanted.
- Staff supported patients were to attend court when required and the trust provided transport. Staff supported patients to access legal representation where needed.
- We were told that staff had easy access to interpreters when needed. Rights information could be provided in different languages when required.
- A multi faith room was available for patients. Staff would run events on the ward such as Black History Month, Diwali and St Georges Day.
- Derby ward was not suitable for disabled patients, there were steps to the bathrooms and shower rooms.

## Listening to and learning from concerns and complaints

- Information about how to complain was displayed in the wards.
- Staff said that they encouraged patients to put complaints in writing and made sure the complaint gets to the right place, in the first instance, the complaint would go to the ward manager to send to the complaints department. Staff said that patients did not submit many complaints. The patients we spoke with all said that they knew how to raise a complaint and some of them gave examples of complaints that they had raised during the previous year. The patients we spoke with felt that they would be listened to if they did raise a complaint.
- Between 1 July 2015 and 30 June 2016, the forensic service received a total of 82 complaints, 15 of which were fully or partially upheld and 20 of which were under investigation. The rest of the complaints, 47, were not upheld. During the same period, the service received 11 compliments from patients, relatives and carers about the quality of care.

## Men's medium secure forensic services

### Access and discharge

- Staff planned all admissions to the wards. Staff said that there was an average of two to three months' waiting time for a patient to be admitted to the ward. The wards

- will not admit more than one patient a week as staff said that admitting more patients would disrupt the ward dynamics and be difficult for staff and patients to manage.
- Staff said that there were difficulties with discharging long stay patients; there were patients who have been in hospital for up to 20 years or more. Avebury was a rehabilitation ward and staff said it was difficult to move patients on from there. On Windrush ward we found that no patients had been discharged since it opened. On Berry ward, staff aimed to move patients on to another ward within six to 18 months.
- We saw evidence of discharge planning in the care plans reviewed.
- The trust were working on improving the staff skill in working with patients with personality disorder and to assess this work on the effectiveness of discharging patients. The trust had increased the return of patients to prison after they had recovered. The trust had also tightened entrance criteria of admission to hospital and only admit patients who would benefit from psychiatric treatment. There had been 17 patients on the waiting list to come to the service before the new pathway was introduced in July 2016, now the waiting list was four patients. The trust recognised that more work on the rehabilitation part of the care pathway was needed.

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

- Patients' bedrooms in Thames Lodge were of a good size, with fixed furniture and en-suite with a shower, sink and toilet.
- There were courtyards off of every ward at Thames Lodge, which were clean and spacious. Patients could access the courtyards at any time and there were clear lines of sight from the ward to the courtyards.
- The Thames Lodge patients also had access to a large landscaped garden with space for horticulture. There was also a large football pitch and areas for other sports which was covered in astroturf which meant that the patients could use the area in all weather.
- Staff told us that patients were individually called for their medicines to maintain patient privacy and dignity.
- Patients were not able to access their own mobile telephones as this was a blanket restriction. A cordless ward telephone was available for patient use when required.

# Are services responsive to people's needs?

Requires improvement 

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

- There was no internet access for patients on the wards. We were informed that internet access was available to patients in the educational department on the Three Bridges site, however not all patients were eligible for referral to this service. We were also informed that it was intended that internet access for patients would be provided on the wards in the future, however, no date for this had been agreed as yet.
- There were interview rooms on each ward which were spacious, where families could visit patients. There were two activity rooms on each ward.
- Facilities were available for patients to make hot and cold drinks throughout the day.
- Smoking was not permitted on the hospital site. A range of nicotine replacement therapies, including disposable electronic cigarettes, were available to patients.
- Patients could work at the Riverside café, which was on site. Patients had to fill in an application form to work there and staff interviewed them for the roles available. Patients received earnings for this work and staff supported them if they needed support. There was a waiting list for vocational roles. Patients could get assessment and qualification alliance certificates through the vocational training provided by the occupational therapists.
- There was also a library at the Riverside site which had a full-time librarian. This was opened three times a week, however staff said that it was underused as there were not enough occupational therapists to bring patients to the library.
- The Riverside site also had a barber and a shop.

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

- Staff supported patients were to attend court when required and the trust provided transport. Staff supported patients to access legal representation where needed.
- We were told that staff had easy access to interpreters when needed. Rights information could be provided in different languages when required.
- There was a disabled bathroom on the wards in Thames Lodge which was very spacious and had appropriate aids, such as grab rails. There were low level wall alarms along the wall which patients could either kick or press if they had fallen.

- Patients could receive visits from a chaplain or an Imam if they wanted.

## Listening to and learning from concerns and complaints

- When patients complained, the complaints were investigated by another manager rather than by the ward manager where the complaint had been submitted.
- Staff said that patients often complained about the food. Staff said that the caterers were responsive to these complaints and tried to tailor food to patient's preferences.
- Staff said that they often got compliments from patients and their families. They said that discharged patients will sometimes come back to visit.

## Women's low and medium secure services

### Access and discharge

- The service at the Orchards was split into different types of wards. Parkland and Melrose were part of the enhanced medium secure service which accepted patients across England. Aurora, Garnet and Damson wards were medium secure services with Damson focusing more on long term rehabilitation and Aurora being an admission ward. Pearl was a low secure ward. Aurora, Garnet, Damson and Pearl wards had a catchment area which covered North West London.
- Between 1 July 2015 to 30 July 2016, the average length of stay of current patients was 616 days. There were three delayed discharges between 1 January and 30 June 2016 and there were no out of area placements.
- For admission into the enhance medium secure service there was an admissions panel which met on an as needed basis.
- Referrals were received from other forensic and acute psychiatric intensive care wards or through the criminal justice system. Patients were not admitted to the service if there were not enough beds and beds remained available when patients were on leave.

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

# Are services responsive to people's needs?

Requires improvement 

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

- The Orchard opened as a purpose built facility in 2007. All bedrooms had an en-suite bathroom. There were rooms on the wards for meetings and activities, as well as the Atrium which was a central area which was accessible to patients on all wards.
- The Atrium was highly valued by patients and staff. It gave opportunities for vocational work including a café, shop and library. There were also vocational groups and activity groups held there. The Atrium also offered a drop in service for advocates. There was also a hairdressers and a primary health care centre. When we inspected in August 2016 the Atrium was only open in the mornings. This had been extended to 12.45 and there were plans to extend this gradually over the coming months.
- At our inspection in August we found that some patients told us there was not enough ward based activities, particularly on Parkland where few people have leave. On this inspection we found that ward based activities had improved. On Parkland Ward they had a new OT starting in January 2017, which was seen as positive. They did not have an activity coordinator however one of the healthcare assistant's had taken responsibility for this. We observed an activity session in progress on Parkland.
- Families were able to visit patients in a room which was off the wards. There was a separate area for children and young people to visit family members in the unit.
- There were facilities on each ward for patients to make private phone calls.
- All wards had outside space which patients were able to access. Each ward had a quiet area and some wards had de-escalation areas.
- All wards had secure lockers for patient's belongings.
- We saw that patients personalised their bedrooms according to their preferences on individual risk assessments. For example on Melrose ward we saw a bedroom that had lots of person possessions, however another one which was bare due to the individual risk assessment of that patient.
- People are able to have access to drinks and snacks across the service. Access to the kitchens on the wards is

individually risk assessed. There has recently been a change in catering company used by the unit. Some patients still expressed concerns about the food but we saw evidence of liaison work being done with the caterers for them to attend community meetings and a patient representative met with them regularly.

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

- There were bedrooms available across the wards, which were able to be used for people with limited mobility. While Parkland and Melrose were on the first floor there was access by lift if necessary.
- The service had a chaplain who visited twice a week. However, they could provide additional support if necessary.
- There was a multi-faith room available in the Atrium which patients who had leave granted could visit. Where possible, staff facilitated leave for religious events.
- Staff knew how to contact interpreters and translation services where necessary. An interpreter was present on Garnet ward when we visited and we were able to carry out a patient interview with his support.
- Patients had access to a variety of menu options including Halal food and culturally appropriate food.
- There was information displayed in wards and around the unit

## Listening to and learning from concerns and complaints

- Patients are aware of how to complain and there was information in all the wards about how to complain.
- One patient told us within the forum we held during the inspection that they would not feel comfortable to complain as they felt it may affect their discharge. Most patients told us they would feel able to make a complaint. Two patients informed us they had positive results from making complaints.
- Complaints were discussed by the ward team at the clinical improvement group meetings so that they could be used to improve the service.

# Are services well-led?

Good 

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

## Our findings

### Men's low secure forensic services

#### Vision and values

- The trust's vision was to be an outstanding healthcare provider, committed to improving quality, and caring with compassion. The four values are togetherness, responsibility, excellence and caring. The staff we spoke to demonstrated the vision of improving the quality of the service and caring with compassion. Patients said that they had noticed positive improvements in the attitude of the staff and the ward environment in general because of the trust's improvement strategy.

#### Good governance

- We saw from the minutes of the senior management team meetings between June and August 2016, that the recruitment and retention of staff was seen as the highest priority and area of greatest risk.
- The senior team were working to reduce the issues raised in the latest staff survey. This included reducing work related stress, transparency, equal opportunities for staff and addressing bullying and harassment. Some staff said that they had never known recruitment to be so good.
- The trust was unable to show a clear timetable for the move of the wards from the Tony Hillis Wing.

#### Leadership, morale and staff engagement

- At the last inspection, the trust were told to ensure that more targeted work takes place to address the complex issues affecting staff engagement so that staff morale was improved. We found staff morale at this inspection much improved. Staff had really noticed a change in the last year and were happy with the changes. Staff said that improved staffing levels and the work on reducing physical interventions were better. Patients also said that they had noticed a positive change on the wards.
- Staff said that there was good communication on the ward and they felt they could approach their managers with concerns. Staff said that they were in a good team with a very good ward manager. They said the ward manager was very hands on, very approachable, flexible and supportive.
- Staff said that the management supported them with work life balance. Staff said that there was support for

- them if they had to leave the ward unexpectedly because of home issues. There was good support for staff that were away from work for long periods of time, staff said that transition processes were handled well.
- Staff said that they had attended an away day together recently, which was a very positive experience. The entire multi-disciplinary team was there and staff said it helped bring the team together and discuss common issues.
- Staff said that leadership was supportive of psychology, within the directorate and beyond. The lead for psychology at the men's and women's medium secure units was also the chair of the dual diagnosis committee. The psychology team felt able to influence service development.

#### Commitment to quality improvement and innovation

- Staff said that they are proud of the forensic outreach support in the community to ensure that forensic patients get the support they need to maintain their independence.
- Staff said that they had seen a lot of change in the way that the service was delivered from a year ago and that the introduction of the service pathway was a positive move by the trust. With the new pathway, staff said they had more ownership of the work that they did with patients and knew where each patient was in their recovery. It was motivating in that staff could see the positive change and progression in patients. Staff said the new model was good for patients as they could see where they were in their recovery and had a sense of what they needed to do to be discharged. Staff felt that patients were placed in more appropriate settings for their care.
- Patients were able to gain work experience at Café on the Hill, an on-site café which offered hot food and drink to patients and staff. Patients were able to get a food handling certificate from working there. Patients also got experience in customer service and general life skills. Staff said that the work experience built up the patient's self-confidence. The recovery team members worked with the patients to set goals and reviewed patients' progress.
- Staff said that some patients were also accessing and completing qualifications, such as National Vocational Qualifications.

#### Men's medium secure services

# Are services well-led?

Good 

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

## Good governance

- Each ward or pair of wards had a specific clinical improvement group meeting where clinical governance was discussed. This meant that complaints and incidents were reported and information was fed back to staff at these meetings.
- Each ward had a ward manager. Staff we spoke to felt that their ward manager was approachable and were supportive of their ward managers.
- Data for training, supervision and local audits were collated at ward level so that ward managers were aware of the gaps. With the new intranet system it was easier for managers to be aware of any gaps.

## Leadership, morale and staff engagement

- Staff said that they felt supported by the ward manager. Agency staff felt like they were treated as equal members of staff. Staff said that the ward environment was much calmer due to the trust's emphasis on least restrictive practice and effective communication. Senior managers came to the wards regularly and did not only come when there was a problem, but also to chat to staff and discuss concerns that the staff brought up. This had led to a change in the culture of the workforce and staff said they felt motivated and happy to come to work because of it.
- Staff said that there was a cohesive and collaborative multi-disciplinary team which included a shared approach to risk assessment of patients. Staff welcomed the inclusion of the security team in their monthly meetings and said it helped with the development of their working practices.
- Some staff felt that they were not always listened to or consulted about changes. Two of the staff we spoke to said that they did not go to the monthly staff forums because they did not feel they could raise concerns there.
- However, the staff felt that they could go directly to a senior manager with their issues and felt that they would be listened to. Staff said that they did not experience any bullying from other staff.
- The trust gave staff opportunities for personal development. There were currently four staff being trained to take up a band 6 nursing role. We heard of examples of the trust paying for staff to get post graduate degrees and diplomas in mental health.

- The trust supported ward managers well. New ward managers were buddied up with more experienced ward manager. Some ward managers felt in control of their budget and able to effect immediate change in the ward environment.
- Doctors said that there was a medical advisory committee which was becoming more effective. The trust encouraged doctors to discuss how the change in the care pathway and other organisation changes had affected them. The trust had involved managers and doctors in national work and brought in experts to work on quality improvement work.
- The trust had weekly doctors meetings for peer support. Once a month an external psychotherapist was in the meetings.
- We spoke to four doctors and they all said that there was a problem with morale among them. Doctors felt that the recent changes in the forensic services felt bureaucratic, which they felt did not improve patient care. They highlighted the job planning process for doctors which felt overly prescriptive and did not take into account the realities of their work pressures.

## Women's low and medium secure services

### Vision and values

- Staff were able to access the trust vision and values through the intranet and information provided to staff by the service. The values, which were 'togetherness, excellence, caring and responsibility', were reflected in the work that we saw the staff do on the wards. There was a commitment from staff we spoke with to involve the patients and to provide a good quality service. The Orchard had a specific five year vision which staff had developed from a staff away day.
- At our last inspection in August 2016 we found that staff we spoke to were generally very positive about their work experience and working for the trust. This continued on this inspection. All staff said that they felt supported by the senior management team, that they were approachable and visible on the wards.

### Good governance



# Are services well-led?

Good 

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

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- Data for training, supervision and local audits were collated at ward level so that ward managers were aware of the gaps. With the new intranet system it was easier for managers to be aware of any gaps.

## Leadership, morale and staff engagement

- During our inspection in August we found that morale had improved. During this inspection we found that this was still evident. Staff told us that they had seen a big change in morale and felt supported by senior management. There were concerns about the staffing levels which did affect staff morale however staff told us that they understood that there was an ongoing recruitment drive.
- Staff told us that they felt confident to raise concerns with ward managers and senior staff. There was a confidential email for staff to raise concerns or contact them about any matters. This ensured that the service management were open to staff who wished to communicate in different ways. Staff told us that they felt there was an open culture within the unit. This continues to be a big improvement.

## Commitment to quality improvement and innovation

- Wards are continuing to work on the 'safe wards' project to reduce the use of physical interventions and restrictive practices on the wards. There was also a restrictive interventions reduction committee. This continued to be an improvement since June 2015.
- The unit were beginning to pilot an initiative to support patients with wellbeing where they were given fit bits to help encourage them to look after their physical as well as their emotional needs.
- The Orchards was a member of the Royal College of Psychiatrist's quality network for forensic mental health service and had a review of their service in September 2015.

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

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

Treatment of disease, disorder or injury

#### Regulation

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

**The trust had not provided care and treatment that was appropriate and met the needs of patients.**

In the forensic inpatient/secure wards there were some blanket rules and restrictions that were continuing to take place.

The trust did not ensure that patients were receiving food which met their preferences, and took into consideration the patient's wellbeing.

On Tony Hillis Wing the food was in insufficient quantities and the quality was low.

This is a breach of regulation 9 (1) (a)(b)

#### Regulated activity

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

Treatment of disease, disorder or injury

#### Regulation

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

**The trust did not ensure that patients were receiving care and treatment in an environment which is safe for patients and staff.**

On the Tony Hillis Wing there were ligature anchor points throughout all the wards and areas which were not in the line of sight of the nurses' stations.

The trust did not ensure that the equipment used for the care of patients is in date and appropriate for use.

This section is primarily information for the provider

## Requirement notices

Medical equipment used for resuscitation and basic life support had passed its expiry date on the women's forensic services.

The trust did not ensure patients receive safe care and treatment.

Staff were not correctly using the national early warning scores which could result in staff not recognising that a patient was deteriorating and arranging timely medical input.

This is a breach of regulation 12 (2)(d)(e)

### Regulated activity

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

Treatment of disease, disorder or injury

### Regulation

Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment

The trust had not ensured that systems and processes were established and operated effectively to monitor the health and wellbeing of patients subjected to seclusion.

Reviews of the patients in seclusion were not undertaken by professionals at the intervals stated in the Mental Health Act Code of Practice. Medical reviews at night did not always take place in person and the reasons for this were not recorded.

This was a breach of regulation 13(1)

### Regulated activity

Treatment of disease, disorder or injury

### Regulation

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

The premises was not suitable for the purpose for which they are being used.

This section is primarily information for the provider

## Requirement notices

The seclusion rooms in the Tony Hillis Wing did not preserve the privacy and dignity of patients. Clocks were not available in all the seclusion rooms.

Some wards in the Tony Hillis Wing did not have sufficient numbers of toilets or bathing facilities.

This was a breach of regulation 15(1)(c)

### Regulated activity

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

Treatment of disease, disorder or injury

### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

The trust did not ensure that all staff were receiving appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are required to perform.

Not all staff were receiving adequate supervision and there was no system in place to monitor the effectiveness of supervision.

The trust was not ensuring that there were sufficient numbers of suitably qualified, competent, skilled and experienced staff to meet the needs of the patients.

Some staff shifts were not filled and the ratio of qualified and unqualified staff was not as planned. Patients said they were not getting their leave as planned.

This is a breach of regulation 18 (1)(2)(a)