St Andrew's Healthcare

St Andrew's Healthcare - Mens Service

Inspection report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location	Requires Improvement
Are services safe?	Requires Improvement
Are services effective?	Requires Improvement
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Requires Improvement

Summary of findings

Overall summary

Our rating of this location improved. We rated it as requires improvement because:

- Not all ward areas in all services were clean safe or well maintained. In three of the four services inspected we identified worn furniture, dirty ward areas or broken fixtures and fittings.
- Staff did not always ensure medicines management was safe in two of the four services inspected. We found some medicines were out of date, gaps in some audits of controlled medicines and clinic checks.
- In one service, enhanced observations were not always completed in line with the providers' policy and guidelines by the National Institute for Health and Care Excellence. We found an occasion when staff undertook patient observations for long periods of time without a break.
- Blanket restrictions remained in place in one service despite having reduced most restrictions. In forensic inpatient or secure wards, patients did not have access to hot and cold drinks and had set times for vapes and no access to mobile phones.
- Staff were not up to date with mandatory training in three of the four services inspected. This meant not all staff had the skills and competence to carry out their role.
- Seclusion records we reviewed were of poor quality and did not meet the Mental Health Act Code of Practice. None of the patients were offered the support of an Independent Mental Health Advocate (IMHA). Independent Multidisciplinary Team (MDT) reviews were not clearly recorded.
- Bank staff in one service were not trained in approved de-escalation and restraint techniques to ensure patients were not exposed to unnecessary risks of harm and abuse.
- Staff did not always develop person centred care plans that reflected patient's involvement or views. Care plans were not always in place for all the needs of those who used services. Staff did not always offer patients copies of their care plans.
- In one service, staff did not always meet the hydration needs of people to ensure a patients' fluid intake was adequate.
- Managers had not ensured that all staff had received annual appraisal and regular supervision in two services.
- Staff access to specialist training was not always possible as staffing wards in a safe way took priority.
- We witnessed one occasion in one service where staff used language that did not promote the dignity or respect one person who used the service.
- Systems and processes were not always effective enough to identify issues and gaps in service delivery.

However:

- Oversight of staffing had improved, and managers had ensured staffing numbers were flexible and generally able to meet patients' needs. Staff and patients were reporting a much-improved picture since our last inspection. This meant we saw an improvement in how enhanced observations were met. The correct staffing was in place and recording of enhanced observations had improved.
- Staff managed patient risk well. The provider had made strides to reduce restrictive practices across most services in collaboration with patients in restrictive practice groups. Staff had the skills required to develop and implement good positive behaviour support plans to enable them to work with people who displayed behaviours of concern.
- Incident reporting had improved, and we saw evidence of lessons learned following incidents were effectively shared across services.

Summary of findings

- Staff developed holistic, recovery-oriented care plans informed by a comprehensive assessment. They provided a range of treatments suitable to the needs of the patients and in line with national guidance about best practice. Staff engaged in clinical audit to evaluate the quality of care they provided. Change leader workshops had been provided to ensure staff had the right skills to be able to evaluate clinical practice.
- The ward teams included or had access to the full range of specialists required to meet the needs of patients on the wards.
- Staff treated people with compassion and kindness. Staff attitudes had improved since our last inspection and the provider had completed work within a culture change project. Patients were positive about their experiences, and we saw this reflected in the results of the 'My Voice' survey about quality of care.
- Staff actively involved people, families and carers in care decisions.
- Staff understood and discharged their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.
- We were pleased to hear that a permanent post was now in place for a lead Freedom to Speak up Guardian and we heard the vision to develop further the awareness for staff on the role and how to speak up.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and understood the individual needs of patients.
- Staff planned and managed discharge well and liaised with services that provided aftercare. As a result, discharge was rarely delayed for other than a clinical reason.
- We were able to see the effects of the work the provider had delivered on change in culture. The work that the provider was doing included workshops, training, regular bulletins for staff and leadership behaviours to role model a positive culture. Services had carried out significant work on improving the culture on the wards, had visible local and senior leadership and had improved governance systems to monitor service delivery. Staff told us they were proud to work for their services and had seen a positive shift in culture.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Forensic inpatient or secure wards	Requires Improvement 	Our overall rating of this core service stayed the same. We rated it as requires improvement. **At the time of our inspection, we visited medium secure wards. Following the inspection, we became aware that two wards, inspected as long stay rehabilitation wards are commissioned as secure wards. Following the inspection, we amended our report to reflect the commissioning arrangements for the wards at St Andrew's Healthcare, Men's service. This section of our report now reflects the findings of our inspection in medium secure wards, and low secure wards for rehabilitation and recovery.** • Not all ward areas were clean. We highlighted the areas of concern at the time of our inspection, as reported on below, and the provider took action to address the issues. • At the time of our inspection, the provider continued to have blanket restrictions in place. Patients had no immediate access to hot and cold drinks on two out of the four wards inspected. Patients had set times for using 'vapes' and patients did not have access to mobile phones. • Staff did not always ensure medicines management was safe and effective on Robinson ward. • Rose ward did not have timely access to emergency equipment. This was discussed with managers who immediately ordered an additional emergency bag for Rose ward and asked staff to check the emergency bag on Prichard and Cranford wards. • Managers had not ensured that all staff had received all aspects of mandatory training. This meant not all staff had the skills and competence to carry out their role.

Summary of findings

- Managers had not ensured that all staff had received annual appraisal and regular supervision.
- Staff reported that due to staffing levels, they were not able to be released for specialist training to support the psychology interventions used on the wards. Such as neuro behavioural training and skills acquisition.
- Most of the care plans we reviewed had not been written from the patients' perspective.
- Staff on Spencer South ward had not all completed up to date training on basic life support, safety interventions or medicines management training. The meant not all staff had the required skills and competence for their role.
- Staff had not ensured clinic checks had been completed on Spencer South.

However:

- The provider had addressed all requirement notices from our previous inspection, and while staffing continued to be a challenge the provider had made significant improvement in this area. Data showed managers had always managed to maintain safe staffing numbers that kept patients safe from harm. Staff and patients reported a much-improved picture since our last inspection.
- We were able to see the effects of the work the provider had delivered on culture change, which included workshops, training, regular bulletins and leadership behaviours to role model a positive culture.
- We were pleased to hear that a permanent post was now in place for a lead Freedom to Speak up Guardian and we heard the vision to develop further the awareness for staff on the role and how to speak up.
- Staff understood and discharged their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.

Summary of findings

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and understood the individual needs of patients. They actively involved patients and families and carers in care decisions.
- The service had carried out significant work on improving the culture on the wards, had visible local and senior leadership and had improved governance systems to monitor service delivery.

At the time of our inspection, we visited five wards for people with a learning disability and autism. Following the inspection, we became aware that these five wards are commissioned as secure wards. Following the inspection, we amended our report to reflect the commissioning arrangements for the wards at St Andrew's Healthcare, Men's service. This section of our report now reflects the findings of our inspection in forensic inpatient or secure wards (medium and low secure wards for people with a learning disability and autism).

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right support

The service or staff supported people to have the maximum possible choice, control and independence be independent and they had control over their own lives.

Staff focused on people's strengths and promoted what they could do, so people had a fulfilling and meaningful everyday life.

People were supported by staff to pursue their interests.

Staff supported people to achieve their aspirations and goals.

Summary of findings

The service worked with people to plan for when they experienced periods of distress so that their freedoms were restricted only if there was no alternative.
Staff did everything they could to avoid restraining people. The service recorded when staff restrained people, and staff learned from those incidents and how they might be avoided or reduced.
People had a choice about their living environment and were able to personalise their rooms.
People benefitted from the interactive and stimulating environment.
The service made reasonable adjustments for people so they could be fully in discussions about how they received support, including support to travel wherever they needed to go.
Staff supported people to take part in activities and pursue their interests in their local area and to interact online with people who had shared interests.
Staff enabled people to access specialist health and social care support in the community.
Staff supported people to make decisions following best practice in decision-making. Staff communicated with people in ways that met their needs.
Staff supported people with their medicines in a way that promoted their independence and achieved the best possible health outcome.
Staff supported people to play an active role in maintaining their own health and wellbeing.

Right care

Staff promoted equality and diversity in their support for people. They understood people's cultural needs and provided culturally appropriate care.
People received kind and compassionate care; however, staff did not always respect the privacy and dignity of service users to meet their individual needs and staff did not ensure care plans were completed in full.

Summary of findings

Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
The service had enough appropriately skilled staff to meet people's needs and keep them safe.
People could communicate with staff and understand information given to them because staff supported them consistently and understood their individual communication needs. However, there was only one member of staff who could use Makaton to support a person.
People's care, treatment and support plans reflected their range of needs, and this promoted their wellbeing and enjoyment of life.
People received care that supported their needs and aspirations, was focused on their quality of life, and followed best practice.
People could take part in activities and pursue interests that were tailored to them. The service gave people opportunities to try new activities that enhanced and enriched their lives.
Staff and people cooperated to assess risks people might face. Where appropriate, staff encouraged and enabled people to take positive risks.

Right culture

People led inclusive and empowered lives because of the ethos, values, attitudes and behaviours of the management and staff.
People received good quality care, support and treatment because trained staff and specialists could meet their needs and wishes. A 4-tier training plan was used to support staff training needs; however, Makaton was not included in this and not all staff were up to date with mandatory training.
People were supported by staff who understood best practice in relation to the wide range of strengths, impairments or sensitivities people with a learning disability and/or autistic people may have. This meant people received compassionate and empowering care that was

Summary of findings

tailored to their needs; however, staff did not always respect the privacy and dignity of people to meet their individual needs. Staff did not ensure care plans were completed in full.
Staff knew and understood people well and were responsive, supporting their aspirations to live a quality life of their choosing.
Staff placed people's wishes, needs and rights at the heart of everything they did.
People and those important to them, including advocates, were involved in planning their care.
Staff evaluated the quality of support provided to people, involving the person, their families and other professionals as appropriate.
The service enabled people and those important to them to worked with staff to develop the service. Staff valued and acted upon people's views.
People's quality of life was enhanced by the service's culture of improvement and inclusivity.
Staff ensured risks of a closed culture were minimised so that people received support based on transparency, respect and inclusivity.

- The ward environments were not always safe, clean or well maintained. There were infection control concerns. Wards were not always clean and were in need of refurbishment. Other areas of the wards had outstanding maintenance issues.
- The service did not always manage medicines safely. We observed there were out of date medicines on the medicines trolley on Fern and Sunley wards.
- We witnessed one occasion where staff used language that did not promote the dignity or respect one person who used the service.
- Staff did not always ensure care plans met every need of one person who used the service.
- There were ineffective auditing systems in place to check environments, medication and missing medical equipment.
- Mandatory training records evidenced that there was no specific training in Makaton for staff, despite a preference for one person to communicate by Makaton.

Summary of findings

- Not all staff were up to date with mandatory training. We found eight courses which had low or very low compliance between 38% to 74%. This meant not all staff had the skills and competence to carry out their role.
- The average supervision compliance was at 64% across ten wards. The lowest compliance was Sunley ward with no staff receiving supervision in the month before our inspection. The average compliance for appraisal was 93%, however Sunley ward compliance was low at 41%.

However:

- While staffing continued to be a challenge the provider had made significant improvement in this area. Data showed they had always managed to maintain safe staffing numbers that kept patients safe from harm. Staff and patients were reporting a much-improved picture since our last inspection.
- Staff treated people with compassion and kindness. Staff attitudes had improved since our last inspection and the provider had completed work within a culture change project.
- The service followed good practice with respect to safeguarding and minimised the use of restrictive practices.
- Staff assessed and managed risk well. The wards had enough staff including nurses and doctors. Staff had the skills required to develop and implement good positive behaviour support plans to enable them to work with people who displayed behaviours of concern.
- Staff developed holistic, recovery-oriented care plans informed by a comprehensive assessment. They provided a range of treatments suitable to the needs of the people cared for in a ward for people with a learning disability (and/or autism) and in line with national guidance about best practice. Staff engaged in clinical audit to evaluate the quality of care they provided.
- Staff actively involved people, families and carers in care decisions.

Summary of findings

- The ward teams included or had access to the full range of specialists required to meet the needs of people on the wards. Managers ensured that these staff received mandatory training.
- Staff understood and discharged their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.
- Staff planned and managed discharge well and liaised with services that provided aftercare. As a result, discharge was rarely delayed for other than a clinical reason.

Acute wards for adults of working age and psychiatric intensive care units

Requires Improvement

Our overall rating of this core service stayed the same. We rated it as requires improvement because:

- Enhanced observations were not always completed in line with the providers' policy and guidelines by the National Institute for Health and Care Excellence. On one occasion we found a staff member had completed three consecutive observation episodes without a break.
- Staff did not develop person centred care plans that reflected patient's involvement or views. Staff did not offer patients copies of their care plans, but this did not impact on the care given to patients.
- All six seclusion records we reviewed were of poor quality and did not meet the Mental Health Act Code of Practice. None of the patients were offered the support of an Independent Mental Health Advocate (IMHA). Independent Multidisciplinary Team (MDT) reviews were not clearly recorded for three patients who were in seclusion for longer than eight hours.
- The chairs in the lounge area of the day room were worn and torn in some areas and not fit for purpose.
- The microwave in the kitchen was old and worn, although it appeared to be clean inside the door was heavily stained.

Summary of findings

- Bank staff were not trained in approved de-escalation and restraint techniques to ensure patients were not exposed to unnecessary risks of harm and abuse.
- Systems and processes were not always effective enough to identify issues. Audits did not identify gaps in service delivery,

However:

- The ward environments were clean. Staff minimised the use of restrictive practices, managed medicines safely and followed good practice with respect to safeguarding.
- Staff knew how to identify a deterioration in patients mental health.
- The ward teams included or had access to the full range of specialists required to meet the needs of patients on the wards. The manager ensured these staff received training, supervision and appraisal.
- The ward staff worked well together as a multidisciplinary team and with those outside the ward who would have a role in providing aftercare.
- Staff understood and discharged their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.
- Local leadership and culture had improved since our last inspection. Leaders were approachable, visible and had delivered training on culture. Staff told us culture had improved.
- Staff treated patients with compassion and kindness, respected their privacy and dignity. Patients' and family and carers comments about care were overwhelmingly positive.
- The ward had access to the full range of specialists required to meet the needs of patients.
- Staff planned and managed discharge well and liaised well with services that would provide aftercare. As a result, discharge was rarely delayed for other than a clinical reason.

Long stay or rehabilitation

Good

At our inspection of long stay rehabilitation mental health wards for working age adults,

Summary of findings

mental health wards for working age adults

we visited three wards. Following the inspection, we became aware that two of these wards are commissioned as secure wards. Therefore, we have amended our report to reflect the commissioning arrangements for the wards at St Andrew's Healthcare Men's service. We have moved two wards from long stay rehabilitation mental health wards for working age adults, into the forensic inpatient or secure wards section of the report. The report now reflects our findings of one ward visited at the time of inspection.

Our rating of this service improved. We rated it as good because:

- The service provided safe care. The ward environment was safe and clean. The ward had enough nurses and doctors. Staff assessed and managed risk well. They minimised the use of restrictive practices, managed medicines safely and followed good practice with respect to safeguarding.
- Staff developed holistic, recovery-oriented care plans informed by a comprehensive assessment. They provided a range of treatments suitable to the needs of the patients cared for in a mental health rehabilitation ward and in line with national guidance about best practice. Staff engaged in clinical audit to evaluate the quality of care they provided.
- The ward team included or had access to the full range of specialists required to meet the needs of patients on the ward. Managers ensured that these staff received supervision and appraisal.
- The ward staff worked well together as a multidisciplinary team and with those outside the ward who would have a role in providing aftercare. The service worked to a recognised model of mental health rehabilitation.
- Staff understood and discharged their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.

Summary of findings

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and understood the individual needs of patients. They actively involved patients and families and carers in care decisions.
- Staff planned and managed discharge well and liaised well with services that would provide aftercare. As a result, discharge was rarely delayed for other than a clinical reason.
- The service had carried out significant work on improving the culture on the ward, had visible local and senior leadership and had improved governance systems to monitor service delivery.

However,

- The ward had not completed effective audits in all areas of their service delivery.

Summary of findings

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Summary of this inspection

Background to St Andrew's Healthcare - Mens Service

St Andrew's Healthcare – Men's Service has been registered with CQC since 11 April 2011. The service did not have a registered manager in post at the time of the inspection but does have a nominated individual as required, and a controlled drugs accountable officer. At the time of the inspection, the provider had applied to change its registration with CQC to one location instead of multiple registrations across one site. A new application for a registered manager was in progress at the time of the inspection.

At the time of inspection, we inspected four core services:

- Acute wards for adults of working age and psychiatric intensive care units
- Long stay rehabilitation mental health wards for working age adults
- Forensic inpatient or secure wards
- Wards for people with a learning disability or autistic people.

However, following the inspection, the Care Quality Commissions became aware that there were wards inspected at this inspection that were commissioned as low and medium secure wards. This meant, that post inspection, we made significant changes to the report to reflect wards commissioned as secure wards needed to be reported under the core service of forensic inpatient and secure wards.

Post inspection, the report was amended to reflect the following core services:

- Acute wards for adults of working age and psychiatric intensive care units
- Long stay rehabilitation mental health wards for working age adults
- Forensic inpatient or secure wards (this includes medium secure services, low secure rehabilitation and recovery wards, and wards for people with a learning disability or autistic people).

St Andrew's Healthcare – Men's Service is registered to provide the following regulated activities:

- Assessment or medical treatment for persons detained under the Mental Health Act 1983.
- Treatment of disease, disorder or injury.

This location has been inspected 11 times. The most recent comprehensive inspection of this location was in July and August 2021. The location was rated as requires improvement overall. Safe was rated as inadequate, effective, caring, responsive and well-led were rated as requires improvement. Three of the core services inspected were rated requires improvement overall and one core service, wards for people with learning disabilities and autistic people was rated inadequate overall. Urgent enforcement action was taken following the previous inspection because of immediate concerns we had about the safety of patients on the wards for people with learning disabilities and autistic people. We imposed conditions on the provider's registration that included the following requirements:

- the provider must not admit any new patients without permission from CQC;
- wards must be staffed with the required numbers of suitably skilled staff to meet patients' needs;
- staff undertaking patient observations must do so in line with the provider's policy;
- staff must receive required training for their role and that audits of incident reporting are completed.

At the previous inspection we also issued requirement notices for breaches of the following regulations:

- Regulation 9 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Person-centred care.

Summary of this inspection

- Regulation 10 Health and Social care Act 2008 (Regulated Activities) Regulations 2014 Dignity and respect.
- Regulation 12 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Safe care and treatment.
- Regulation 13 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Safeguarding service users from abuse and improper treatment.
- Regulation 16 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Receiving and acting on complaints.
- Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Good governance.
- Regulation 18 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Staffing.

Following this inspection, we wrote to the provider on 9 May 2022, to vary one condition to allow from 10 May 2022, that St Andrews Healthcare – Men's Service may admit up to a maximum of one patient per week to each ward without seeking permission from CQC. The admissions could not be carried over to following weeks should an admission not occur. All other conditions outlined in the section 31 notice of decision from July 2021 remained applicable. The provider was required to provide CQC with an update relating to these conditions on a fortnightly basis.

As a result of this inspection, the overall rating for this service has remained as requires improvement overall. Safe improved from inadequate to requires improvement, effective and well-led remained as requires improvement. The ratings of caring and responsive have improved from requires improvement to good.

At this inspection, the rating for acute wards for adults of working age and psychiatric intensive care units and forensic inpatient or secure wards remained the same with an overall rating of requires improvement, forensic inpatient or secure wards remains the same as requires improvement and the rating for long stay rehabilitation wards for adults of working age has improved from requires improvement to good.

The following services and wards were visited on this inspection:

Acute wards for adults of working age and psychiatric intensive care units:

- Heygate ward, a psychiatric intensive care unit for 10 people.

Forensic inpatient or secure wards:

(Medium secure wards)

- Robinson ward, a medium secure ward for 17 people.
- Fairbairn ward, is a 17-bed purpose-built, medium secure ward. This ward is designed to accommodate deaf adult male patients who are experiencing complex mental illness.
- Prichard ward, a medium secure ward for 15 people.
- Rose ward, a medium secure ward for 17 people with an acquired brain injury and mental ill health.
- Cranford ward, a medium secure ward for 17 older males.

Forensic inpatient or secure wards:

(Low secure wards for rehabilitation and recovery)

- Spencer North, a low secure ward for rehabilitation with 12 beds.
- Spencer South, a low secure ward for rehabilitation with 12 beds.

Summary of this inspection

Forensic inpatient or secure wards:

(Low and medium secure wards for people with a learning disability or autistic people)

- Marsh ward (previously Mackaness ward), a 10-bed medium secure service for autistic males.
- Meadow ward (previously Mackaness ward), a 10-bed medium secure service for autistic males.
- Fern ward (previously Upper and Lower Harlestone wards), a 10-bed low secure service for autistic males.
- Berry ward, a 15-bed specialist low secure service for autistic males. The unit accepts direct external referrals or patient transitions from medium secure services.
- Sunley ward (previously Naseby ward), a 15-bed low secure service for men with learning disabilities.
- Hawkins ward, a 15-bed medium secure service for men with learning disabilities.

On this inspection we did not visit the following wards:

- Brook ward, a low secure ward for autistic males.
- Acorn ward, a low secure ward for autistic males.
- Wantage Cottage or garden Cottage, community-based houses which provide a step-down facility from a ward environment.

Long stay rehabilitation wards for working age adults:

- Berkeley Lodge, a community rehabilitation service with six beds.

What people who use the service say

We spoke with 70 patients and 23 family members or carers.

Acute wards for adults of working age and psychiatric intensive care units: We spoke with seven patients and four carers. Patients' comments were overwhelmingly positive. All seven patients told us they felt safe. One patient said staff were polite and always knocked on the door before entering their bedroom. All patients' said staff were always visible and available to listen and help. One carer said they could not be happier with the ward and they believe it was the best place their relative had been. The relative told us their only concern and worry was about when the patient leaves the ward in the future, as the service had provided the best care they had ever seen. Another carer said the communication between the ward and them had been second to none.

Forensic inpatient or secure wards: (medium secure wards): During our inspection we spoke with 26 patients. Most patients were positive about the care and treatment they were receiving. One patient told us that he knew about his medicines and that the food had improved.

One patient on Robinson ward told us that "all staff are respectful and polite. Staff are considerate about my family". Whilst another patient on Robinson told us that the best thing is the staff, and "they do a good job".

However, one patient told us activities were being cancelled due to current staffing levels adding "that it's like lock down but its due to a lack of staff". While another patient told us, things were a lot better than last year and as COVID-19 restrictions had eased so had the opportunities for using the pool, the gym and going out and about.

Summary of this inspection

Five patients on two separate wards told us they were very disappointed and worried they were losing the light and heavy workshop activities due to management decisions. They said while staff had tried to save these activities for them the senior managers had not listened. Though one of these patients told us staff on Robinson ward had been great and created a light workshop area including bike repair and upcycling for the patients use on the ward.

We spoke with four family members or carers. One family member or carer told us staff were good at talking to them and they had been involved in the patient's care planning process. Another carer told us "staff are really nice; they care about my dad", and "all staff are excellent". However, one carer told us their family member had been "punched in the face" and that his glasses had been broken. We reviewed the notification for this incident and found managers had investigated the incident and put in place safeguarding measures to protect the patient from further harm. The provider had also explained the incident to the patient's carer and replaced the broken glasses for the patient. Another carer was concerned about the effect that staffing levels were having on patient's leave.

Forensic inpatient or secure wards: (low secure wards for rehabilitation): We spoke with 10 patients who all said that the wards were clean, and they felt safe. Some patients told us staff were very caring and supportive, but the wards were sometimes short staffed, and this led to activities and leave being cancelled.

Forensic inpatient or secure wards (low and medium secure wards for people with a learning disability or autistic people): We spoke with 25 people who were using the service. 20 people shared positive feedback about staff describing them as caring, hardworking and going above and beyond their duties to help and support. People told us there was choice for food options. Two out of five people said the food was very bland. One person told us, "The facilities are good. The staff are also very polite, kind, and caring, however sometimes there are staff shortages". One person said "Staff - They are amazing." Five people told us they did not feel safe and two out of five said there was not much to do.

One person on Meadow ward felt that staff went above and beyond their duties to provide support. There was nothing but praise for the staff and the patient's journey from admission to now was reflected upon. We were told the staff listened, were very caring, had empathy, sympathy, were supportive and there had been no problems. One person wanted to be a strong positive advocate for ward staff to show their appreciation. Comments from people who used the service reflected the Right Support, Right Care and Right Culture model of care in a learning disability service.

We spoke with 15 family members or carers. Most of the responses were positive and carers felt staff were friendly, kind and respectful. Carers told us, "It's an outstanding facility. Beautiful building, great grounds, nothing intimidating" and "It's a fantastic facility. The grounds, space, environment is wonderful". One carer also told us "Ideally, I would like my son to have more choice when it comes to food. He goes swimming once a week, but he would like to go more than that. I would like him to make use of outside access more, especially in the summer. Sitting out under a tree can be quite relaxing. He is looking to the future" and "I would like a more structured environment. I don't want my son idle there. He should get good exercise, education, and activities. When I speak to my son, he always wants to do more." Another carer told us "The facility is great and there were many activities to support with the care and treatment of their relative."

Long stay or rehabilitation wards for working age adults: We spoke with two patients who said staff treated them well and behaved kindly. They said staff were kind, respectful and genuinely caring.

Summary of this inspection

How we carried out this inspection

The inspection team visited services and wards between 14 June and 29 June 2022. During the inspection we:

- visited wards on every service and observed how staff cared for patients;
- toured the clinical environments, including clinics and reviewed emergency equipment;
- reviewed the medicine management on the wards, including a review of medication cards;
- spoke with 70 patients that were using the service;
- interviewed 87 staff and managers, including ward managers, clinical leads, doctors, nurses, healthcare assistants, psychologists, occupational therapists, technical instructors and social workers;
- interviewed ward managers and senior managers including clinical directors and head of nursing;
- spoke with 23 family members or carers;
- sampled minutes of various ward meetings, attended handovers, environmental risk assessments, ligature risk assessments, observation records, seclusion records and community meetings;
- observed episodes of care activities;
- reviewed 74 patient care records;
- reviewed policies and procedures relevant to the running of the service.

You can find information about how we carry out our inspections on our website: https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection.

Areas for improvement

Action the service MUST take is necessary to comply with its legal obligations. Action a provider SHOULD take is because it was not doing something required by a regulation, but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

Action the service MUST take to improve:

Acute wards for adults of working age and psychiatric intensive care units core service:

- The provider must ensure that all staff record physical health observations following rapid tranquilisation as per national guidelines. Regulation 12(1).
- The provider must ensure that seclusion records include an independent review of the seclusion, and ensure they are personalised. Regulation 12(1).
- The provider must ensure that staff take regular breaks following a continuous period of observation of two hours or more. Regulation 12(1)(2)(b).
- The provider must ensure that all bank staff are trained in management and prevention of violence and aggression. Regulation 12(1)(2)(c).
- The provider must ensure that furniture is in a good state of repair and fit for purpose. Regulation 12(1)(2)(h).
- The provider must ensure that furniture is fit for purpose and checked regularly. Regulation 15(1)(c)(e)(2).
- The provider must ensure audits are effective to identify concerns and directly improve service delivery. Regulation 17(1)(2)(a)(c).

Forensic inpatient or secure wards core service:

(Medium secure wards)

Summary of this inspection

- The provider must ensure that all refrigerators intended for patient's use are regularly cleaned, refrigerator cleaning schedules are maintained, and refrigerator temperatures are recorded daily and include any actions taken to correct any discrepancies. Regulation 12 (2)(h).
- The provider must ensure that the smell of urine on Cranford ward is removed and does not reoccur. Regulation 12(2)(h).
- The provider must ensure that there are sufficient quantities of emergency equipment in the right places to enable staff to respond to patient emergencies in a timely manner. All emergency equipment must be regularly checked and in full working order in accordance with their medical device's guidance. Regulation 12(2)(f).
- The provider must ensure that all staff are up to date with their mandatory training. Regulation 12(1)(2)(c).
- The provider must ensure the safe storage, of medicines on all wards. Regulation 12(1)(2)(g).
- The provider must ensure that they are not using blanket restrictions to control, restrict or prevent patients' actions and that they are using a proportionate response based on individual risk assessment to keep patients safe. Regulation 13(4)(a).
- The provider must ensure all staff receive regular supervision and appraisal and this is recorded effectively. Regulation 18 (1)(2)(a).

Forensic inpatient or secure wards core service:

(Low secure wards for rehabilitation)

- The provider must ensure that all staff complete mandatory training in line with provider policy. Regulation 12(1)(2)(c).
- The provider must ensure that regular audit checks of clinic rooms are completed on all wards. Regulation 12(1)(2)(a)(g).
- The provider should ensure patients receive copies of their care plans. Regulation 9(1)(3)(g).

Forensic inpatient or secure wards core service:

(Low and medium secure wards for people with learning disabilities or autistic people)

- The provider must ensure care plans are in place to manage every need of people who use the service, in particular continence issues. Regulation 9(3)(b).
- The provider must ensure proper and safe management of medicines. Regulation 12(1)(2) (g).
- The provider must ensure that the equipment used by the service for providing care or treatment to a patient is safe for such use and is used in a safe way. Regulation 12(1)(2)(e).
- The provider must ensure the hydration needs of people are met. Regulation 14(1).
- The provider must ensure the environment is fit for purpose, well maintained, safe and clean. Regulation 15(1)(2)(g).
- The provider must ensure that environmental checks are carried out effectively to highlight gaps in maintenance, cleanliness and infection control. Regulation 17(1)(2)(a)(b).
- The provider must ensure staff are up to date with mandatory training. Regulation 12(1)(2) (c).
- The provider must ensure all staff receive regular supervision and appraisal. Regulation 18(1)(2)(a).

Long stay rehabilitation ward for working age adults:

- The provider must ensure that all staff complete mandatory training in line with provider policy. Regulation 12(1)(2)(c).

Action the service SHOULD take to improve

Summary of this inspection

Acute wards for adults of working age and psychiatric intensive care units core service:

- The provider should ensure that all care plans are individualised, and person centred.

Forensic inpatient or secure wards core service:

(Medium secure wards)

- The provider should ensure that staff can access appropriate specialist training that would enable them to continue to perform their role on the specialist wards.
- The provider should consider an alternative menu ordering process on Rose ward to help reduce patients doubt and frustrations at mealtimes.

Forensic inpatient or secure wards core service:

(Low secure wards for rehabilitation)

- The provider should ensure that all audits are completed across all rehabilitation wards to ensure consistent practice and service delivery.
- The provider should ensure care plans are in place for patients who self-medicate.

Forensic inpatient or secure wards core service:

(Low and medium secure wards for people with learning disabilities or autistic people)

- The provider should consider how staff best communicate with people who have specialist communication needs, such as the use of Makaton in mandatory training.
- The provider should ensure that staff discuss the needs of people who use services in a respectful and dignified manner.

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Forensic inpatient or secure wards	Requires Improvement	Requires Improvement	Good	Good	Requires Improvement	Requires Improvement
Acute wards for adults of working age and psychiatric intensive care units	Requires Improvement	Good	Good	Good	Requires Improvement	Requires Improvement
Long stay or rehabilitation mental health wards for working age adults	Requires Improvement	Good	Good	Good	Good	Good
Overall	Requires Improvement	Requires Improvement	Good	Good	Requires Improvement	Requires Improvement

Requires Improvement

Forensic inpatient or secure wards

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

Are Forensic inpatient or secure wards safe?

Requires Improvement

Our rating of safe improved. We rated it as requires improvement.

Safe and clean care environments – medium secure wards

Wards were mostly well equipped, well furnished, well maintained and fit for purpose. Most wards were clean, however, the bedroom and extra care area on Cranford ward smelled strongly of urine.

Safety of the ward layout

Staff had completed and regularly updated thorough risk assessments of all wards areas and removed or reduced any risks they identified. This included daily security and fire alarm tests. We reviewed the health and safety assessments and ligature risk assessments for each of the four wards. Each of these were fully completed and up to date. Staff were aware of the identified risks.

Staff could observe patients in most parts of the wards. To aid observations, staff were always on duty in the patients' lounge and bedroom corridors. Managers had indicated blind spots on a 'heat map' which was displayed in the ward office, this was for staff information only and could not be seen by patients looking in. The ward had Closed Circuit Television (CCTV) in the main areas, and in both the seclusion and enhanced care suites.

All wards were male, therefore complied with eliminating mixed sex guidance and there was no mixed sex accommodation.

Managers had completed ligature risk assessments for each ward. Staff knew about any potential ligature anchor points and mitigated the risks to keep patients safe. Patients had an individual ligature risk assessment in their care plans.

Staff had easy access to alarms. Patients had access to nurse call alarms.

Maintenance, cleanliness and infection control – medium secure wards

Requires Improvement

Forensic inpatient or secure wards

Most ward areas were clean, well maintained, well-furnished and fit for purpose. Staff made sure cleaning records were up to date. However, the patient bedroom corridor and extra care area on Cranford ward smelled strongly of stale urine. Components of urine attract moisture, this could lead to the development of mould, some of which could cause respiratory symptoms. Long term exposure can cause long term lung conditions. This was reported to the provider during our inspection and following inspection the provider told us this was being addressed with a programme to change carpets to vinyl flooring.

Staff on Prichard ward had not cleaned the fridge in the activities room or taken daily recordings of fridge temperatures. Fridges should be cleaned on a weekly basis and there must be daily recordings of fridge temperatures as per provider policy. There is a risk that food not being kept at the correct temperature could lead to the risk of food becoming infected which could cause food poisoning. In some cases, this could lead to permanent damage or death (e-coli). This issue was discussed with managers who took immediate steps to rectify the situation. The fridge was cleaned by the end of the shift and a new fridge cleaning rota drawn up. Signage was placed to remind staff to check the fridge on a daily basis.

Staff followed the provider's infection prevention and control policy, including handwashing and current COVID-19 guidance at the time of the inspection. The provider had removed the need for staff to wear masks the week prior to our inspection. However, all staff were observed to be using hand gel and were adhering to the provider's policy on infection prevention and control. We observed all staff were bare below the elbows and were not wearing nail varnish or jewellery.

Seclusion room – medium secure wards

The seclusion rooms allowed clear observation and two-way communication. They all had a toilet and a digital clock which was situated between the double-glazed window units. During our inspection we found the seclusion room on Prichard and Cranford were in use. A nurse had been allocated to observe the patients in seclusion in line with the provider's policy.

Clinic room and equipment – medium secure wards

The clinic rooms on Prichard, Robinson and Cranford wards had accessible resuscitation equipment and emergency drugs. However, we found gaps in the checking of emergency equipment on Prichard ward and found the blood pressure machine was missing from the emergency bag on Cranford Ward.

There was no emergency equipment on Rose ward. In the case of an emergency staff would need to access emergency equipment from Prichard ward. We raised this as a concern due to several patients on Rose ward having complex physical health problems. Managers confirmed this would be addressed and advised that emergency equipment had been ordered for Rose ward.

While staff had checked, maintained, and cleaned most equipment, we found one gap in the clinic cleaning records on Cranford ward and one gap on the clinic cleaning record on Prichard ward. We found three gaps on the temperature recording chart for the fridge in the clinic room on Cranford ward.

Safe staffing – medium secure wards

Requires Improvement

Forensic inpatient or secure wards

While the service had enough nursing and medical staff, who knew the patients and received basic training to keep people safe from avoidable harm, the service relied heavily on known bank and block booked agency staff.

Nursing staff – medium secure wards

The medium secure wards had enough nursing and support staff to keep patients safe.

The medium secure wards had high vacancy rates. The mean average vacancy rate across all five ward areas for May 2022 was 28%. The highest percentage of vacancies was on Prichard ward (33%), and the lowest percentage of vacancies were on Robinson and Rose wards, where there were no vacancies.

The medium secure wards had increasing rates of bank and agency nurses and healthcare assistants. The mean average percent of bank staff usage across all wards in May 2022 was 20%. The highest percent of bank staff usage in May 2022 was 33% on Prichard ward. The lowest mean average bank usage in May 2022 was on Rose ward where 1% of shifts were covered by bank staff. All bank and agency staff were known to the service and agency staff were blocked booked to cover staff vacancies. Managers made sure all bank and agency staff had a full induction and understood the service before starting their shift.

The medium secure wards had low but slightly increasing agency nurses and nursing assistant usage. The mean average agency staff usage in December 2021 was less than 1%. In May 2022, agency nurses and nursing assistant usage had increased to 2%.

The medium secure wards had reducing turnover rates. The mean average turnover rate for the six-month period December 2021 to May 2022 was 13%.

Managers supported staff who needed time off for ill health.

The average levels of sickness in medium secure wards in May 2022 was 7%. This had reduced from December 2021, when the mean average sickness figure for the wards was 15%.

On Cranford ward, we were told staff do not always have enough time for patients one to one sessions. Two allied health professional staff told us that in the previous month they had covered for nurses five or six times for between 30 and 90 minutes at a time. They told us that during these times they had acted as escorts to support patients to go to therapeutic activity or to go off the ward. Staff also raised concern that some senior clinicians continued to work remotely, adding that this had placed additional pressure on ward staff. Staff reported that due to staffing levels, they were not able to be released for specialist training.

Managers implemented a multi-disciplinary, evidence-based staffing tool, (the Mental Health Optimal Staffing Tool (MHOST)) in January 2022, which assessed patient acuity and dependency in order to ensure that ward establishments reflect patient needs. The provider had recently implemented a new system for calculating the right numbers of staff required, based on the acuity of patient need. This was enhanced with a bleep holder system which reviewed the real time staffing situation in addition to the electronic system. This meant senior staff could move staff to where need indicated it was higher on some wards. The provider was meeting three times in a 24-hour period to review staffing across all wards.

The ward manager, in conjunction with the bleep holder could adjust staffing levels according to the needs of the patients.

Records showed that patients rarely had their escorted leave cancelled, even when the service was short staffed. However, staff on Cranford ward confirmed that due to current safe but minimum staffing levels, patient activities were occasionally cancelled or rearranged, in order to keep the ward and patients safe.

The medium secure wards had enough staff on each shift to carry out any physical interventions safely.

Staff shared key information to keep patients safe when handing over their care to others.

Medical staff – medium secure wards

The medium secure wards had enough daytime and night-time medical cover and a doctor available to go to the ward quickly in an emergency. The provider had its own out of hours on call doctor system.

Managers could call locums when they needed additional medical cover.

Managers made sure all locum staff had a full induction and understood the service before starting their shift.

Mandatory training – medium secure wards

On medium secure wards, not all staff were up to date with their mandatory training. Data at January 2022 showed mandatory training compliance on the forensic wards was as follows: Robinson and Cranford 94%, Prichard 92%, Rose 93% and Fairbairn was 97%. We found some courses had a low compliance which meant that not all staff had the skills and competence for their role. These course were; Safeguarding adults' level 3 on Prichard 73%, Fairbairn 63% and Rose 67%; Clinical manual handling that was only required on Cranford Fairbairn wards due to patient frailty and physical disability was 60% and 24% respectfully, and Food hygiene on Rose ward was 67%. Figures were not received for disengagement training or infection control for any of the six wards. This data was requested but not made available within the timeframe required.

The mandatory training programme was comprehensive and met the needs of patients and staff.

Managers monitored mandatory training and alerted staff via email when they needed to update their training. Mangers ensured that any staff out of date with specific mandatory training were booked onto courses and this was monitored through supervision.

Assessing and managing risk to patients and staff – medium secure wards

Staff assessed and managed risks to patients and themselves well. They achieved the right balance between maintaining safety and providing the least restrictive environment possible to support patients' recovery. Staff had the skills to develop and implement good positive behaviour support plans and followed best practice in anticipating, de-escalating and managing challenging behaviour. As a result, they used restraint and seclusion only after attempts at de-escalation had failed. The ward staff participated in the provider's restrictive interventions reduction programme.

Requires Improvement

Forensic inpatient or secure wards

Assessment of patient risk – medium secure wards

We reviewed 24 patient's risk plans in medium secure wards. Staff completed risk assessments for each patient on admission, using a recognised staffing tool and reviewed this regularly, including after any incident. Staff also completed more specific risk assessments as required. The service used Specific, Measurable, Achievable, Relevant and Timely (SMART) goals, which integrated into the patient's electronic health record. Staff also completed specific risks assessment as required, for example. The historical risk -20 (HCR–20), which is a 20-item structured clinical guide for the assessment of violence risk.

Management of patient risk - medium secure wards

Staff knew about any risks to each patient and acted to prevent or reduce risks.

Staff identified and responded to any changes in risks to, or posed by, patients. We found evidence of ongoing patient reviews in both the patients ward round and in the daily multi-disciplinary 'huddle' meetings.

Staff could observe patients in most ward areas and staff followed procedures to minimise risks where they could not easily observe patients. Staff were always present in the patients' bedroom corridors and in the main day area. Lines of sight were maintained by position of staff.

All shifts had an allocated health and safety nurse who was tasked with ensuring all areas of the wards were safe from hazards, and patients were not left struggling with something or in distress. Staff movements were recorded in the nursing office so everyone knew where their colleagues were.

Staff followed the provider's policies and procedures when they needed to search patients or their bedrooms to keep them safe from harm. Staff only conducted personal searches when patients returned from unescorted leave. Due to the nature of the wards most patients had escorted leave only. Staff conducted random room searches as required.

Use of restrictive interventions - medium secure wards

The provider had made significant changes to blanket restrictions on medium secure wards since our previous inspection. However, there were a number of blanket restrictions still in place. A blanket restriction is when a rule is applied to all patients on a ward without consideration of individual risk assessment to ensure the restriction was necessary for all patients. These restrictions included; lack of access to hot and cold drinks on Prichard and Cranford wards. There was a trolley of drinks available in the nursing office and patients asked staff for hot or cold drinks. A drinks station had been trialled in the lounge area, but this had been unsuccessful. Patients had set times for using 'vapes'. However, we noted that levels of restrictive interventions had been reduced, and managers told us they planned to implement the actions taken in the women's' forensic service to further reduce their restrictive practice.

Across all secure services, staff participated in the provider's restrictive interventions reduction programme, which met best practice standards. The provider had a restrictive practice policy and each ward had a restrictive practice log which was discussed in ward community meetings and coproduced with patients.

Staff made every attempt to avoid using restraint by using de-escalation techniques and restrained patients only when these failed and when necessary to keep the patient or others safe. In the six-month period December 2021 to May 2022, the number of patient restraints across the five wards had reduced. The highest number of restraints (19) took place in March 2022, however the number of restraints in May 2022 had reduced to three.

Requires Improvement

Forensic inpatient or secure wards

Staff we spoke with understood the guiding principles of the Mental Capacity Act definition of restraint and worked within it.

Staff followed National Institute for Health and Care Excellence (NICE) guidance when using rapid tranquilisation. This was evidenced when we reviewed the patient's medicines charts.

When a patient was placed in seclusion on medium secure wards, staff kept clear records and followed best practice guidelines. This was evidenced by a review of the seclusion records for the service. Staff followed best practice, including guidance in the Mental Health Act Code of Practice, if a patient was placed in long-term segregation. This was evidence from a review of the seclusion records on each ward.

Safeguarding – medium secure wards

Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

Staff on all secure wards, received training on how to recognise and report abuse, appropriate for their role.

Staff were kept up to date with their safeguarding training. Training was provided in line with national guidance relevant to staff roles. The average training figures for safeguarding level one training across all medium secure wards, was 97%. The average training figures for safeguarding level two across all wards was 90%. The average training figures for safeguarding level three training across all wards, was 80%.

Staff could give clear examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act.

Staff knew how to recognise adults and children at risk of or suffering harm and worked with other agencies to protect them.

Staff followed clear procedures to keep children visiting the patents safe. All child visiting took place in an allocated room of the main ward on medium secure wards.

Staff knew how to make a safeguarding referral and who to inform if they had concerns.

Managers took part in serious case reviews and made changes based on the outcomes.

Staff access to essential information – medium secure wards

Staff had easy access to clinical information, and it was easy for them to maintain high quality clinical records – whether paper-based or electronic.

Patient notes were comprehensive, and all staff could access them easily. When patients transferred to a new team, there were no delays in staff accessing their records. Records were stored securely.

Medicines management – medium secure wards

Requires Improvement

Forensic inpatient or secure wards

While the service used systems and processes to safely prescribe and administer, medicines, we found the systems in place for storage of controlled drugs and opened medicines on Robinson ward was not as robust as it could be. However, staff regularly reviewed the effects of medicines on each patient's mental and physical health on all wards.

Staff followed systems and processes to prescribe and administer medicines safely.

Staff reviewed each patient's medicines regularly and provided advice to patients about their medicines.

Staff completed most medicines records accurately and kept them up to date. On Robinson ward there was a gap in the checking of controlled drugs on one weekend. There are clear regulations both in terms of provider policy and National Institute for Health and Care Excellence (NICE) guidance governing the use of controlled drugs. There is a risk that a discrepancy in the storage or stock balance of controlled drugs may not be picked up in a timely manner. However, the Head of Operations advised that the importance of controlled drug checks would be discussed with weekend staff.

Staff mostly stored and managed all medicines and prescribing documents safely. However, on Robinson ward we found three opened medicines which had not been labelled with the date of opening and expiry date. This was addressed immediately by staff who disposed of the open medicines.

Staff followed national practice to check patients had the correct medicines when they were admitted, or they moved between services.

Staff learned from safety alerts and incidents to improve practice.

A review of 27 medicines charts in medium secure wards and prescribing practice showed that the service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines.

Staff reviewed the effects of each patient's medicines on their physical health according to the National Institute for Health and Care Excellence (NICE) guidance.

Track record on safety – medium secure wards

The service had a good track record on safety.

Reporting incidents and learning from when things go wrong

All secure services managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.

Staff knew what incidents to report and how to report them. Staff raised concerns and reported incidents and near misses in line with the providers' policy. Between December 2021 and June 2022, 26 incidents were recorded on medium secure wards. The highest number of incidents (10) was on Prichard ward.

Staff reported serious incidents clearly and in line with the provider's policy.

Requires Improvement

Forensic inpatient or secure wards

Medium secure wards had not had a never event on any wards.

Staff understood the duty of candour. Staff were able to describe what duty of candour was and how they needed to open and transparent with patients and families if and when things went wrong.

Managers debriefed and supported staff after any serious incident. In medium secure wards, a psychologist explained how they had implemented a new debriefing and recording system that did not just rely on the staff member involved in an incident accessing the support they needed. The new system routinely offered this support immediately after the event, two weeks later and again during supervision. A review of the incident records showed that managers investigated incidents thoroughly. We saw how patients and their families were involved in these investigations as necessary.

Staff received feedback from investigation of incidents, both internal and external to the service. Usually in the form of email circulars, all staff including the services own bank and regular agency staff had their own organisational email account and opportunity to access this account during their nursing shifts.

Staff met to discuss the feedback and look at improvements to patient care at team meetings and through ward manager briefings and morning huddles.

Minutes of local governance and risk meetings and staff and team meetings showed that managers discussed and shared learning with their staff about never events that happened elsewhere.

Safe and clean care environments – low secure wards for rehabilitation

All wards were safe, clean well equipped, well furnished, well maintained and fit for purpose.

Safety of the ward layout

Staff completed and regularly updated thorough risk assessments of all wards areas and removed or reduced any risks they identified. We reviewed the risk assessments for all ward which staff reviewed annually.

Staff could observe patients in all parts of the wards. The service had installed additional mirrors on Spencer South and Spencer North wards following the previous inspection to improve observation and mitigate blind spots.

Both wards were male, therefore complied with eliminating mixed sex guidance and there was no mixed sex accommodation.

Staff knew about any potential ligature anchor points and mitigated the risks to keep patients safe. The wards had anti-ligature fittings installed in patient bedrooms and bathrooms and any potential ligature anchor points were mitigated by staff observation.

Staff had easy access to alarms and patients had easy access to nurse call systems. In slow secure wards for rehabilitation, patients had call bells in their bedrooms and staff carried personal infrared transmitter alarms to call for assistance if required. Staff working upstairs on Spencer North and Spencer South also wore body cameras to protect staff and patients in the event of an incident.

Maintenance, cleanliness and infection control – low secure wards for rehabilitation

Requires Improvement

Forensic inpatient or secure wards

Ward areas were clean, well maintained, well-furnished and fit for purpose.

Staff made sure cleaning records were up-to-date and the premises were clean. Staff supported patients to keep their bedrooms clean and tidy.

Staff followed infection control policy, including handwashing and antibacterial hand gel was available on entry to and throughout the wards.

Seclusion room – low secure wards for rehabilitation

The seclusion rooms on spencer North and Spencer South allowed clear observation and two-way communication. They had a toilet and a clock. The service had changed the cameras in the seclusion rooms following the previous inspection to ensure there were no blind spots in either room and had removed sharp edges from the door and viewing panel.

Clinic room and equipment – low secure wards for rehabilitation

Clinic rooms on Spencer North and South were fully equipped, with accessible resuscitation equipment and emergency drugs that staff checked regularly. The provider had increased the number of emergency resuscitation bags since the previous inspection and each ward had their own bag.

On low secure wards for rehabilitation, staff maintained and cleaned equipment. All equipment in the clinic rooms was clean and in working order. The service had added signs to show oxygen was stored in the clinic rooms since the previous inspection. We found staff completed checks of equipment on most occasions, however we noted there had been three missed checks on Spencer South ward and none of the wards had audits in place to ensure checks were happening.

Safe staffing – low secure wards for rehabilitation

In low secure wards for rehabilitation, the service had enough nursing and medical staff, who knew the patients and received basic training to keep people safe from avoidable harm.

Nursing staff - low secure wards for rehabilitation

Spencer North and Spencer South wards had two nurses and four healthcare assistants during the day.

The low secure wards for rehabilitation had reducing vacancy rates across most wards. The service had actively recruited nurses and healthcare assistants and had four vacant healthcare assistant posts and 1.5 full time vacant nurse posts across the two long stay wards. The vacancy rate between December 2021 and May 2022 was between 7% and 19% but had covered all shifts with bank staff who knew the patients. Managers limited their use of bank staff and requested staff familiar with the service. Managers made sure all bank staff had a full induction and understood the service before starting their shift. The service had low turnover rates ranging between 4% and 16% with three staff leaving across the wards in the six-month period before our inspection.

In low secure wards for rehabilitation, levels of sickness were reducing. Spencer North and Spencer South wards both reported 7% sickness rates.

Requires Improvement

Forensic inpatient or secure wards

Patients rarely had their escorted leave or activities cancelled, even when the service was short staffed. Spencer South and Spencer North wards did sometimes rely on allied health professionals to facilitate leave. However, patients told us they did have leave and activities cancelled due to lack of staff. The provider submitted data to show how many activities were delivered by staff. The data showed that sessions were rescheduled but not cancelled due to lack of staff. Staff delivered therapeutic activity above the recommended level of 25 hours per week. On average, across the wards, the average weekly activity provided was 34 hours.

The service had enough staff on each shift to carry out any physical interventions safely, however on Spencer South ward only 63% of staff were up to date with physical intervention training. We were not assured that in the event of physical interventions being required, that staff could all carry out physical interventions safely.

On low secure wards for rehabilitation, patients had regular one-to-one sessions with their named nurse.

Medical staff - low secure wards for rehabilitation

The service had enough daytime and night-time medical cover and a doctor available to go to the ward quickly in an emergency. The service employed a consultant psychiatrist and two specialist doctors who worked across the wards and cover out of hours was provided by an on-call doctor on a rota system.

Managers could call locums when they needed additional medical cover.

Mandatory training – low secure wards for rehabilitation

Staff had not completed or kept up to date with all of their mandatory training. On Spencer South ward 67% of staff were up to date with Basic Life Support, 63% of staff were up to date with Safety Intervention training and only 33% of staff were up to date with both Safe Medication Management and Injection Training. This meant not all staff had the skills or competence to carry out their role. No staff had completed physical health observations (foundation) skills training. On Spencer North this was 13 staff and on Spencer South this was nine staff. Whilst all qualified staff had received Immediate Life Support and staff used alarms to call for assistance in the event of an incident, we were not assured that all staff would be able to respond with the right skills to an incident or medical emergency on the ward.

Managers monitored mandatory training and alerted staff when they needed to update their training.

Assessing and managing risk to patients and staff – low secure wards for rehabilitation

Staff assessed and managed risks to patients and themselves well. They achieved the right balance between maintaining safety and providing the least restrictive environment possible in order to facilitate patients' recovery. Staff followed best practice in anticipating, de-escalating and managing challenging behaviour. As a result, they used restraint and seclusion only after attempts at de-escalation had failed. The ward staff participated in the provider's restrictive interventions reduction programme.

Assessment of patient risk – low secure wards for rehabilitation

In low secure wards for rehabilitation, staff completed risk assessments for each patient on admission, using a recognised tool, and reviewed this regularly, including after any incident. We reviewed 14 care records and found that all patients had a comprehensive risk assessment completed on admission and that these were updated regularly.

Requires Improvement

Forensic inpatient or secure wards

Staff used a recognised risk assessment tool. The service used specific, measurable, achievable, realistic and time specific (SMART), which integrated into the patient's electronic health record. Staff also completed specific risks assessment as required, for example the Historical Risk-20 (HCR–20), which is a 20-item structured clinical guide for the assessment of violence risk.

Management of patient risk – low secure wards for rehabilitation

In low secure wards for rehabilitation, staff knew about any risks to each patient and acted to prevent or reduce risks. We reviewed 14 care records and saw that all patients had a risk management plan in place. Staff identified and responded to any changes in risks to, or posed by, patients and updated their risk assessment. This was an improvement since our previous inspection.

Staff could observe patients in all areas of the wards. The service had installed additional mirrors following the previous inspection to improve observations of patients.

Staff followed provider policies and procedures when they needed to search patients or their bedrooms to keep them safe from harm.

Use of restrictive interventions – low secure wards for rehabilitation

On low secure wards for rehabilitation, levels of restrictive interventions were low. Staff made every attempt to avoid using restraint by using de-escalation techniques and restrained patients only when these failed and when necessary to keep the patient or others safe. Between December 2021 and May 2022, Spencer South had recorded six incidents of restraint, Spencer North had recorded one incident of restraint.

When a patient was placed in seclusion on low secure wards for rehabilitation, staff kept clear records and followed best practice guidelines. Spencer North and Spencer South had both had one episode of seclusion in the six months prior to inspection. The service had not had any patients in long-term segregation in the six months prior to inspection.

Safeguarding – low secure wards for rehabilitation

Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

In low secure wards, staff received training on how to recognise and report abuse, appropriate for their role. Staff kept up to date with their safeguarding training with 92% of eligible staff having completed safeguarding training level 2 on Spencer South and 100% on Spencer North and all eligible staff having completed safeguarding level 3 training. This had improved since our previous inspection and the requirement to improve had been met.

Staff could give clear examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act. We saw an example of a safeguarding referral that had been made following an incident on Spencer South ward.

Staff knew how to recognise adults and children at risk of or suffering harm and worked with other agencies to protect them.

Requires Improvement

Forensic inpatient or secure wards

Staff followed clear procedures to keep children visiting the ward safe. Spencer South and Spencer North wards shared a family visit room that was based off the ward, and staff risk assessed visitors before a visit was booked.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. Ward staff worked closely with the service's social workers to identify and safeguarding concerns and make a referral if needed.

Staff access to essential information – low secure wards for rehabilitation

Staff had easy access to clinical information, and it was easy for them to maintain high quality clinical records – whether paper-based or electronic.

Patient notes were comprehensive, and all staff could access them easily. The provider used an electronic record system which all staff had easy access to. We reviewed 14 care records and saw that notes were comprehensive and written in a timely manner.

Medicines management – low secure wards for rehabilitation

The service used systems and processes to safely prescribe, administer, record and store medicines. Staff regularly reviewed the effects of medications on each patient's mental and physical health.

Staff followed systems and processes to prescribe and administer medicines safely.

Staff reviewed each patient's medicines regularly and provided advice to patients and carers about their medicines. Staff completed a monthly medicine review as part of the multi-disciplinary review and patients were involved in discussions around their medicines. Staff encouraged patients where risk allowed to self-administer medicines and patients had lockable storage within their bedrooms to keep medicines securely. However, patients did not have a specific care plan for self-administration of medicines.

Staff completed medicines records accurately and kept them up to date.

On low secure wards for rehabilitation, staff stored and managed all medicines and prescribing documents safely. The pharmacist completed medicines audits on Spencer North ward, however there was no audit recorded on Spencer South ward in the six months prior to inspection.

Staff followed national practice to check patients had the correct medicines when they were admitted, or they moved between services.

Staff learned from safety alerts and incidents to improve practice. The provider sent emails out to staff with any safety alerts or incidents.

On low secure wards for rehabilitation, staff ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff reviewed medicines regularly and rarely used rapid tranquilisation in response to aggressive behaviour. Staff used the Glasgow Antipsychotic side effect scale to monitor effects of medicines and prevent over medication of patients.

Track record on safety – low secure wards for rehabilitation

Requires Improvement

Forensic inpatient or secure wards

The service had a good track record on safety.

Reporting incidents and learning from when things go wrong

All secure services managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.

On low secure wards for rehabilitation, the service had recorded, over a six-month period, 70 incidents on Spencer South, and 25 incidents on Spencer North. The majority of incidents were physical or verbal aggression and were rated low or no harm. This was a small increase since the previous inspection where approximately 90 incidents were reported during a six-month time period. Spencer South had reported two serious incidents in the six months prior to inspection, both of which were patients being absent without leave. These were reported and investigated appropriately, which was an improvement from the previous inspection where the provider was required to improve.

The service had no never events on any wards.

Staff understood the duty of candour. They were open and transparent and gave patients and families a full explanation if and when things went wrong.

Managers debriefed and supported staff after any serious incident, and we saw examples of where managers had made telephone calls to staff to check on their wellbeing after an incident.

Managers investigated incidents thoroughly. Patients and their families were involved in these investigations. We reviewed nine incidents and managers had completed investigations in all cases and these were reviewed with patients at ward round meetings.

Staff received feedback from investigation of incidents, both internal and external to the service. The provider emailed staff with incident information and managers printed a copy for staff to read and sign to confirm they had read.

Staff met to discuss the feedback and look at improvements to patient care. Managers discussed incident learning at daily morning meetings, and this was fed back to staff in team meetings. An example of learning from incidents was the implementation of a new sharps management process on Spencer South following an incident.

Safe and clean care environments – medium and low secure wards for people with learning disability and autistic people

All wards were not always safe, clean, well equipped, well furnished, well maintained and fit for purpose.

Safety of the ward layout – medium and low secure wards for people with learning disability and autistic people

Staff completed and regularly updated thorough environmental risk assessments of all ward areas. However, we saw evidence of broken furniture and fixtures on Berry, Sunley and Fern wards.

Requires Improvement

Forensic inpatient or secure wards

Staff could observe people in all parts of the wards. The ward was laid out, so staff had a good view of all communal areas and made regular checks to people's rooms.

All wards were male, therefore complied with eliminating mixed sex guidance and there was no mixed sex accommodation. There was one potential ligature point in the service. A ligature point is a fixed item to which a patient might tie something for the purpose of self-strangulation. The ligature risk was in the seclusion room on Berry ward where the window frame was cracked. Staff were made aware of this, and the room was decommissioned during our inspection and was reopened after it had been fixed.

Staff had easy access to alarms and people had easy access to nurse call systems. Staff carried the alarms and if activated staff would be alerted to the location.

Maintenance, cleanliness and infection control – medium and low secure wards for people with learning disability and autistic people

Communal ward areas were clean, but not all ward areas were well maintained, not well-furnished and not fit for purpose. On Hawkins ward in the extra care suite bedroom there were two lights that were not working. The ward manager checked to see if the lights worked with two keys used to operate the lights, however they still did not work. The extra care suite bedroom needed to be maintained so that it met the requirements of the premises and the people.

The therapy kitchen on Sunley ward was not fit for purpose. During our inspection we found old, mouldy food, dirty cupboards and worktops, out of date food and equipment that had not been regularly tested to ensure it continued to be safe to use. The kitchen was still in use by patients, making hot and cold drinks and for food preparation. If the premises and/or equipment are not suitable or well maintained, the room is not fit to be used by staff and people. The provider decommissioned the room immediately when we fed back our findings, and we were told a deep clean was commenced.

In the dining area on Fern ward the microwave handle was broken and it was rusty on the inside. This was used by people and was unsafe. Staff raised a maintenance request for it to be fixed when it was observed by the inspector. However, on the second day the broken microwave was still there and had not been replaced.

On Berry ward we found broken glass in the courtyard and there were two benches that were overturned. The nurse in charge was present and cleared up the glass. A maintenance request was made several weeks before the inspection to repair the benches and there had been a delay in obtaining materials. By the end of our inspection, the benches had been fixed securely to the floor.

In the laundry room on Berry ward, there were two cupboards left unlocked which were clearly marked 'keep locked'. They contained washing powder and liquid conditioner. We raised this with staff, and it was rectified immediately.

Staff made sure cleaning records were up-to-date, and the premises were clean. However, despite cleaning records showing daily cleans had taken place, the environmental check lists completed by staff were not effective in identifying hazards and broken areas of the wards. All cleaning records on these wards were up to date and correct for the four months prior to our inspection.

Staff followed infection control policy, including handwashing on most wards. However, on Berry ward the hand washing sink in the kitchen was broken and hanging off the wall. The nurse in charge was present at the time of our observation and noted this. Pedal bins were missing from lounge areas and people needed to raise the bin lid with their hands after hand washing to dispose of hand towels. The nurse in charge had ordered new bins by the end of our inspection.

Seclusion room – medium and low secure wards for people with learning disability and autistic people

The seclusion rooms allowed clear observation and two-way communication on all but two wards. They had a toilet and a visible clock. The seclusion policy was up to date. However, the seclusion room on Sunley ward and Hawkins ward did not meet the Mental health Act Code of Practice. The seclusion room on Sunley ward had no furniture, no hatch (a small opening to pass food and medication through to the person), the two-way communication system did not work, and the room echoed. The seclusion room on Hawkins ward had no chair. The ward manager confirmed one was to be delivered and this arrived on the same day.

During our inspection we informed the service of a ligature risk in the seclusion room on Berry ward. The provider decommissioned this room until it was safe to reopen. The environmental checks had failed to identify this risk.

A seclusion review was carried out by the Mental Health Act Reviewer across the learning disabilities and autism services. One patient on Marsh ward was secluded on 14 and 15 May 2022. Fifteen minute observations and two-hour reviews had been completed by the nurse. The patient did not have access to an IMHA (Independent Mental Health Advocate).

Clinic room and equipment – medium and low secure wards for people with learning disability and autistic people

Most clinic rooms were fully equipped, with accessible resuscitation equipment and emergency drugs that staff checked regularly. Staff checked, maintained, and cleaned equipment on most wards. On Fern, Meadow and Marsh wards we saw that the clinic rooms had been regularly cleaned. These were cleaned daily with a sticker to show the date and time. However, on Berry ward this was not the case. The clinic room checks completed by the staff on Berry ward did not identify missing equipment. It was identified on Berry ward that there was no tendon hammer or dressing trolley on the ward. There is a risk that checks of people's physical health cannot be thorough if equipment is missing. This was addressed to the service at the inspection and we received confirmation of action taken immediately and evidence of an order placed for these items.

There was no emergency bag in the clinic area on Marsh ward. Marsh ward shared the emergency bag with the one on Fern ward. This was in line with the provider's policy. The time taken from Fern to Marsh ward is approximately one minute. There were no incidents of delay reported. Emergency drills were regularly practiced, and staff knew how to respond in an emergency.

The inspection team observed the medicines trolley was broken on Sunley ward. The extension table leaf was raised with tissue to hold it up. The clinic checks did not highlight this had been broken.

During our inspection, on Berry ward we observed the sharps bin in the clinic room was placed on the side of the dispensing hatch of the clinic in an area being easily accessible to people. Sharp bins could pose a risk to the service users or staff. When we raised this during our inspection, the nurse in charge (NIC) removed the sharps bin and placed it in the locked area of the clinic and an email was sent to all nursing staff to alert them.

Requires Improvement

Forensic inpatient or secure wards

Safe staffing – medium and low secure wards for people with learning disability and autistic people

The service had enough nursing and medical staff, who knew the people and received basic training to keep people safe from avoidable harm. However, not all staff were up to date with mandatory training.

Nursing staff – medium and low secure wards for people with learning disability and autistic people

The service had enough nursing and support staff to keep people safe. The service implemented the Mental Health Optimal Staffing Tool (MHOST) in January 2022. Managers used this to judge the staffing levels required to meet patient need. The Mental Health Optimal Staffing Tool (MHOST) was used to calculate the right staff skill mix per shift based on the acuity of the ward. Staff used a monitoring system that bleeped and attended daily morning meetings to ensure wards were fully staffed to meet the needs of people. Managers accurately calculated and reviewed the number and grade of nurses, nursing assistants and healthcare assistants for each shift.

The ward manager could adjust staffing levels according to the needs of the people. The MOHOST system assisted ward managers to adjust staffing levels accurately based upon need.

Vacancy rates varied in a six-month period between December 2021 to May 2022 from between 1% to 31%, with the highest rate on Wantage House in January 2022. In May 2022, this had reduced to 0%. Across all wards the average vacancy rate was 19%.

The service had an increase in the use of bank and agency nurses and healthcare assistants. Between December 2021 and May 2022, the agency fill rate ranged between 0.94% and 1.78%. The fill rate with regular bank staff who knew people well was between 17.06% and 21.08%.

Managers tried to limit their use of bank and agency staff and requested staff familiar with the service. Managers made sure all bank and agency staff had a full induction and understood the service before starting their shift.

Staff turnover rates remained stable across all wards between December 2021 and May 2022. In this time period the average turnover ranged between 13% and 15%.

Managers supported staff who needed time off for ill health. Staff were able to speak to their line managers openly and discuss any concerns or the need for time off. The sickness rate had decreased since December 2021 through to May 2022 from an average of 15% to 9% across all wards. The highest sickness rate in the same time period was Meadow ward in March 2022. The lowest was Hawkins ward with 3% in May 2022,

People had regular one-to-one sessions with their named nurse.

People rarely had their escorted leave or activities cancelled, even when the service was short staffed.

The service had enough staff on each shift to carry out any physical interventions safely.

Staff shared key information to keep people safe when handing over their care to others. There was a thorough handover at the end of each shift. Staff did not start a shift without being told about people on the ward.

Medical staff – medium and low secure wards for people with learning disability and autistic people

Requires Improvement

Forensic inpatient or secure wards

The service had enough daytime and night-time medical cover and a doctor available to go to the ward quickly in an emergency.

Managers could call locums when they needed additional medical cover.

Managers made sure all locum staff had a full induction and understood the service before starting their shift.

Mandatory training – medium and low secure wards for people with learning disability and autistic people

Staff had not always completed and kept up to date with their mandatory training. There were eight training courses that had low compliance rates. This meant that not all staff had the skills and competence to carry out their role. These included; basic life support on Marsh ward (65%), Fern ward (68%) and Hawkins wards (71%), safety intervention training on Marsh ward (72%), Safeguarding level three (online) on Brook ward (71%) and safeguarding level three on Sunley ward (58%) and on Hawkins ward (60%), food hygiene level one on Hawkins ward (74%) and level two on Fern ward (57%), injection training on Sunley ward (38%) on Hawkins ward (63%) and on Fern ward (57%) and safe medicines management on Fern ward (71%) on Acorn ward (67%) and on Sunley ward (38%).

The mandatory training programme was generally comprehensive and met the needs of people and staff. However, we found on Sunley ward one person used Makaton to communicate, however during the inspection, we only observed one staff member used Makaton. Mandatory training records evidenced there was no Makaton training for staff on all the learning disability and autism wards. If staff do not have the required specialist training to support people with learning disabilities and autism, they may not be able to address and understand the needs of this patient group.

Managers monitored mandatory training and alerted staff when they needed to update their training. The service uses the SPELL model approach (Structure, Positive Approach, Empathy, Low Arousal & Links) that had been an effective approach for all staff working with those with autism. SPELL training is required for staff across the autism wards and the service reflected that there is a clear need for this.

Assessing and managing risk to people and staff – medium and low secure wards for people with learning disability and autistic people

Staff assessed and managed risks to people and themselves well. They achieved the right balance between maintaining safety and providing the least restrictive environment possible to support people' recovery. Staff had the skills to develop and implement good positive behaviour support plans and followed best practice in anticipating, de-escalating and managing challenging behaviour. As a result, they used restraint and seclusion only after attempts at de-escalation had failed. The ward staff participated in the provider's restrictive interventions reduction programme.

Assessment of patient risk – medium and low secure wards for people with learning disability and autistic people

Staff completed risk assessments for each person on admission and reviewed this regularly as part of their care plan, including after any incident. Every person was examined on admission. They had a physical examination, if relevant they also had an epilepsy care plan. Staff identified and responded to any changes in risks to, or posed by, people. Staff had good knowledge and understanding of people's behaviours and moods. They used distraction and de-escalation techniques to manage and prevent risks**.** Clinical risk management posters were also developed to support staff in understanding the systems in place to identify and manage risk.

Staff used a recognised risk assessment tool. The historical risk -20 (HCR–20), which is a 20-item structured clinical guide for the assessment of violence risk. The service also used Health of the Nation Outcome Scale (Mental Health). The provider had a risk management policy which outlined how risk management was assessed in line with best practice guidance, for example, 16 Principles of Best Practice in Best Practice in Managing Risk (Department of Health 2009), Positive and Proactive Care: reducing the need for restrictive interventions (Department of Health 2014).

Management of patient risk – medium and low secure wards for people with learning disability and autistic people

Staff knew about any risks to each person and acted to prevent or reduce risks. Staff handed over risks during handover meetings and discussed during the morning huddle meetings and clinical governance meetings.

Staff identified and responded to any changes in risks to, or posed by, people. Staff reviewed and made changes to care to reflect any changes in risk. Examples of these were increasing safe and supportive observations or having supervised access to personal items. All personal possessions were risk assessed first.

Staff could observe people in all areas of the wards or follow procedures to minimise risks where they could not easily observe people. Enhanced observations were used to minimise risk where people could not easily be observed.

Use of restrictive interventions – medium and low secure wards for people with learning disability and autistic people

Levels of restrictive interventions were low and had reduced since our last inspection. Across the service, there were 239 restraints between December 2021 and May 2022. Marsh ward had contributed to a higher than usual trend in April 2022 and May 2022 with 23 and 87 restraints in those months. Of those, there were 13 prone restraints (when the restraint results in the person going to the floor on their stomach). The provider had a policy which stated prone restraint must be for the shortest time possible. Staff made every attempt to avoid using restraint by using de-escalation techniques and restrained people only when these failed and when necessary to keep the patient or others safe. Restraints reported at the last inspection, over a three-month period were 135 with seven resulting in the prone position.

There had been 58 seclusions between December 2021 and May 2022. There were 36 seclusions in three months reported at the last inspection.

There had been three episodes of long-term segregation prior to this inspection. These dated back to September 2021, October 2021, and April 2022. This was less than reported at the last inspection.

The use of rapid tranquilisation (the use of medication to calm or lightly sedate an individual to reduce the risk of harm to self or others and to reduce agitation and aggression) was extremely low. Between December 2021 and May 2022 staff used rapid tranquilisation on six occasions. At the last inspection we reported four incidents in a three-month period.

Staff participated in the provider's restrictive interventions reduction programme, which met best practice standards. Patients were involved in making decision about reducing restrictive practices blanket restrictions. We saw these were discussed at community meetings.

Staff understood the Mental Capacity Act definition of restraint and worked within it. This was evidenced within care records

Requires Improvement

Forensic inpatient or secure wards

Staff followed NICE guidance when using rapid tranquilisation. Nursing staff observed, monitored and recorded each patient's physical health observations. If a patient refused, nurses documented this and completed what observations they could through observation.

When a patient was placed in seclusion, staff kept clear records and followed best practice guidelines. 15-minute observations and two hourly reviews took place. Records and care plans were updated.

Staff followed best practice, including guidance in the Mental Health Act Code of Practice, if a patient was put in long-term segregation.

Safeguarding – medium and low secure wards for people with learning disability and autistic people

Staff understood how to protect people from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it. However, not all staff were up to date with safeguarding training.

Staff received training on how to recognise and report abuse, appropriate for their role. The service reported 33 safeguarding incidents from 1 January 2022 to 17 June 2022 of which 29 were reported to the local authority and six being closed off as requiring no further action.

Not all staff kept up to date with their safeguarding training. Safeguarding training was provided in line with national guidance according to grades of staff. However, safeguarding level three training which was online had a compliance rate of 71% on Brook ward, on Sunley ward of 58% and on Hawkins ward 60%.

Staff could give clear examples of how to protect people from harassment and discrimination, including those with protected characteristics under the Equality Act. Staff knew how to make a safeguarding referral and who to inform if they had concerns. Staff could give clear examples of how to protect people from harassment and discrimination, including those with protected characteristics under the Equality Act. There was also open transparency for staff to use 'Safe calls' to address any concerns that would go straight to the Human Resources.

Staff knew how to recognise adults and children at risk of or suffering harm and worked with other agencies to protect them. The provider's social workers communicated with the relevant local authorities and external social workers as and when required.

Staff followed clear procedures to keep children visiting the ward safe. There were family rooms outside of the ward area.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. Staff were supported by the social workers who had links with the local authority.

Managers took part in serious case reviews and made changes based on the outcomes. Learning outcomes and lessons learned had been identified following an incident a month ago. Decisions made ensured the safety of people and staff.

Staff access to essential information – medium and low secure wards for people with learning disability and autistic people

Requires Improvement

Forensic inpatient or secure wards

Staff had easy access to clinical information, and it was easy for them to maintain high quality clinical records – whether paper-based or electronic.

Patient notes were comprehensive, and all staff could access them easily. There was a risk assessment, care plans and recorded minutes of handovers between shifts. Positive Behavioural Support plans (PBS) were available to staff and all documents were on the provider's electronic record system, Rio, and hard copies were also available in the files.

When people transferred to a new team, there were no delays in staff accessing their records.

Records were stored securely. Most records were electronic. Staff uploaded paper records onto the electronic system in a timely way.

Medicines management – medium and low secure wards for people with learning disability and autistic people

The service used systems and processes to safely prescribe, administer and record the use of medicines. Not all wards stored medicines correctly. Staff regularly reviewed the effects of medications on each patient's mental and physical health. They knew about and worked towards achieving the aims of STOMP (stopping over-medication of people with a learning disability, autism or both).

Staff followed systems and processes to prescribe and administer medicines safely. Doctors generally prescribed medicines, but a training course was available for nurses to be able to prescribe medicines. Nurses within their preceptorship programme completed medication training and electronic prescribing and administration training was available. This was competency based and staff were tested at the end of their training.

Staff reviewed each patient's medicines regularly and provided advice to people and carers about their medicines. Staff discussed individual medicines prescribed and effectiveness of these regularly during multi-disciplinary meetings.

Staff did not always store and manage all medicines and prescribing documents safely. On Fern ward there was one box of anti-psychotic medicines that was out of date in the medicines trolley. The clinical nurse lead (CNL) was present during our review, noted and disposed of it. On Sunley ward there were eight blood pathology bottles dated 2001 that were disposed of straight away by staff when we bought it to their attention. These items had not been picked up by the audit of medicines in the clinic.

Staff followed national practice to check people had the correct medicines when they were admitted, or they moved between services.

Staff learned from safety alerts and incidents to improve practice. Staff raised alerts and reported incidents when there were any errors relation to medication.

The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. The service worked towards achieving the aims of STOMP (stopping over-medication of people with a learning disability, autism or both). The service held webinars and training sessions on achieving STOMP ethics within the service. Staff reviewed the effects of each person's medicine on their physical health according to NICE guidance.

Staff reviewed the effects of each patient's medication on their physical health according to NICE guidance. Responsible Clinicians were up to date with all of the NICE guidelines and practices aligned to it with audits in place.

Requires Improvement

Forensic inpatient or secure wards

Track record on safety – medium and low secure wards for people with learning disability and autistic people

The service had a good track record on safety.

Reporting incidents and learning from when things go wrong – medium and low secure wards for people with learning disability and autistic people

The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave people honest information and suitable support.

Staff knew what incidents to report and how to report them. Staff raised concerns and reported incidents and near misses in line with the provider's policy. There had been no serious incidents at the service since August 2021. All incidents were discussed at the governance meeting chaired by the ward manager.

There had been a reduction in incidents across the service. Service data showed a reduction in incidents from 375 in December 2021 to 246 in May 2022. Most of the incidents reported were either low or of no harm. There were no serious incidents reported.

Staff raised concerns and reported incidents and near misses in line with the service's policy. This was evident in the care records we reviewed.

Staff reported serious incidents clearly and in line with the service's policy. No serious incidents had been reported over the previous six months, but staff knew how to report them if they occurred.

The service had no never events on any wards.

Staff understood the duty of candour. They were open and transparent and gave people and families a full explanation if and when things went wrong.

Managers debriefed and supported staff after any serious incident, as soon as they were able to do so.

Managers investigated incidents thoroughly. People and their families were involved in these investigations.

Staff received feedback from investigations of incidents. Staff had access to fortnightly reflective practice sessions with the learning disability lead and discussed any complex cases. There was evidence that changes had been made as a result of feedback. For example, how to raise an alarm as quickly as possible during an incident and introducing debriefs for staff and people who use services. The morning huddles had been introduced as a result of learning from incidents. The huddles were used to share learning and to discuss how to prevent similar incidents happening in the future.

Staff met weekly to discuss the feedback and look at improvements to patient care and evidence showed learning points were cascaded to all staff via the ward level governance and staff meetings.

Requires Improvement

Forensic inpatient or secure wards

Managers shared learning about never events with their staff and across the provider. We saw evidence of learning from lessons being cascaded to teams using 'patient safety action notices'.

Managers and staff were aware of the Learning from Deaths Mortality Review (LeDeR) Programme. Managers and staff supported the review process and changes made from any learning shared.

Are Forensic inpatient or secure wards effective?

Requires Improvement

Our rating of effective stayed the same. We rated it as requires improvement.

Assessment of needs and planning of care – medium secure wards

Staff assessed the physical and mental health of all patients on admission. They developed individual care plans which were reviewed regularly through multidisciplinary discussion and updated as needed. Care plans reflected patients' assessed needs, and were personalised, holistic and recovery oriented. They included specific safety and security arrangements and a positive behavioural support plan.

In medium secure wards, we reviewed 24 sets of patients care and treatment records. Staff had completed a comprehensive mental health assessment of each patient either on admission or soon after. Care plans we reviewed all indicated if a patient had been offered a copy of the care plan and risk assessment. Three patients confirmed they had been involved in their care planning.

All patients had their physical health assessed soon after admission and these had been regularly reviewed during their time on the ward. We saw evidence of ongoing reviews of patient's physical health including completion of an annual physical health check.

Staff had developed a comprehensive care plan for each patient that met their mental and physical health needs. Staff had developed a positive behavioural support plan (PBS) where indicated for each patient which was written from the patients' perspective. Managers told us plans were in place to reduce the size of the positive behavioural support plans (PBS), in order to make them more user friendly.

Staff had regularly reviewed and updated care plans when patients' needs changed and after each care and treatment review.

Care plans were holistic and recovery-orientated; however, 18 patient care plans had not been written from the patients' perspective.

Best practice in treatment and care – medium secure wards

Staff provided a range of treatment and care for patients based on national guidance and best practice. They ensured patients had good access to physical healthcare and supported them to live healthier lives. Staff used recognised rating scales to assess and record severity and outcomes. They also participated in clinical audit, benchmarking and quality improvement initiatives.

Requires Improvement

Forensic inpatient or secure wards

In medium secure wards, staff provided a range of care and treatment suitable for the patients in the service. Staff delivered care and treatment specific to the patients' individualised needs. Staff delivered a range of therapies, depending on the patient's presentation. Therapies included trauma informed therapy, dialectic behavioural therapy and cognitive behavioural therapy.

Staff delivered care in line with best practice and national guidance, from relevant bodies such as the National Institute for Health and Care excellence (NICE). This included treatments such as dialectic behavioural therapy.

Staff identified patients' physical health needs and recorded them in their care plans. All patients we reviewed had received ongoing physical health assessments and recording of their vital signs.

Staff made sure patients had access to physical health care, including specialists as required. Patients had access to a range of professionals including physical health doctors and nurses, opticians, dietician, physiotherapist and dentists as required. The service also had close links with the local general hospital.

Staff met patients' dietary needs and assessed those needing specialist care for nutrition and hydration.

Staff helped patients live healthier lives by supporting them to take part in programmes or giving advice. During this inspection, we saw evidence that staff had delivered one to one session with patients which included support with care needs such as; healthy living, caring for self and diet.

Staff used recognised rating scales to assess and record the severity of patients' conditions and care and treatment outcomes. We observed several outcome measures in place on the wards, which met best practice guidelines. Outcome measures included including Health of the Nation outcome scores, Model of Human Occupation Outcome scores, Model of Creative Ability Scores and National Early Warning sign scores.

Staff used technology to support patients. This included access to Skype to meet with family and friends.

Staff took part in clinical audits, benchmarking and quality improvement initiatives. However, managers told us due to low staffing levels and staff absences due to COVID-19 outbreaks the organisation's annual audit schedule had reduced to enable them to focus on the most important of the audits.

Managers used results from audits to make improvements. This included creating more purposeful activity on the wards for patients, improved debriefing after incidents and enhancing staff wellbeing.

Skilled staff to deliver care – medium secure wards

The ward teams included or had access to the full range of specialists required to meet the needs of patients on the wards. Managers made sure they had staff with the range of skills needed to provide high quality care. Managers provided an induction programme for new staff. Not all staff had an appraisal in medium secure wards or received regular supervision.

The medium secure wards had access to a full range of specialists to meet the needs of the patients on the ward including their own physical health department and general practitioners with an interest in mental health. All wards had a full multidisciplinary team, which met each day in order to effectively manage patient care and treatment. The service provided information which showed a minimum of 25 hours therapeutic activity was offered and delivered to patients. This included a range of activities, both group and individual.

Requires Improvement

Forensic inpatient or secure wards

Managers ensured staff had the right skills, qualifications and experience to meet the needs of the patients in their care, including bank and agency staff.

Managers gave each new member of staff a full induction to the service before they started work. All new staff members attended both the overall provider and local inductions. Two staff we spoke with who had recently started working for the service confirmed their induction and orientation to the wards was thorough and they felt prepared to work there. Two student nurses and two assistant psychologists in their final year of training had confirmed they hoped to take up full time posts within the service.

Managers did not always support staff through regular, constructive appraisals of their work. At the time of inspection, the mean average appraisal rate for the men's forensic service was 92%. Four wards had appraisal rates of 100%. However, on Prichard ward the appraisal rate was only 59%. Managers gave no reason for this.

Managers did not support all non-medical staff with regular, constructive clinical supervision of their work. The average supervision rate for the men's forensic service at the time of inspection, was 62%. All staff on Cranford and Robinson had received supervision and on Fairbairn ward was 88% of them had received supervision, whilst the supervision rate for Rose and Prichard was 62% and 20% respectively. This meant that staff did not have time to reflect on how they might improve the quality of care or discuss their training and development needs.

Managers supported medical staff through regular, constructive clinical supervision of their work. All medical staff we spoke with confirmed they had been supported to complete accreditation.

Managers made sure staff attended regular team meetings or gave information from those they could not attend. Minutes of team meetings were available in hard copy on the wards and sent to all staff via their internal personal email.

Managers used supervision to identify any training needs their staff had to develop their skills and knowledge. However, managers were not always able to ensure that staff received specialist training for their role. Four staff and two psychologists told us that due to minimal staffing levels it was difficult for staff to be released to undertake specialist on site neurodevelopmental training and skills acquisition training to support the treatment models used on the specialist wards. However, we did not see any data to support this statement.

Managers recognised poor performance, could identify the reasons and dealt with these.

Multi-disciplinary and interagency teamwork - medium secure wards

Staff from different disciplines worked together as a team to benefit patients. They supported each other to make sure patients had no gaps in their care. The ward teams had effective working relationships with other relevant teams within the organisation and with relevant services outside the organisation.

Staff held regular multidisciplinary meetings to discuss patients and improve their care. Each ward held a weekly multi-disciplinary review meeting (ward round), however each patient was not seen on a weekly basis. Most patients were reviewed four weekly. Members of the multi-disciplinary team also met daily in order to review patient's progress and care as required.

Staff made sure they shared clear information about patients and any changes in their care, including during handover meetings. Daily morning huddle meetings took place where all areas of clinical care were discussed, such as safety, staffing risk, incidents and planned activities for the day ahead.

Requires Improvement

Forensic inpatient or secure wards

Ward teams had effective working relationships with other teams in the organisation such as the physical healthcare team and safeguarding team.

Ward teams had effective working relationships with external teams and organisations such as community mental health teams and commissioners.

Adherence to the Mental Health Act and the Mental Health Act Code of Practice – medium secure wards

Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Health Act Code of Practice and discharged these well. Managers made sure that staff could explain patients' rights to them.

Across all wards 90% of staff received, and kept up to date, with training on the Mental Health Act and the Mental Health Act Code of Practice and could describe the Code of Practice guiding principles.

Staff had access to support and advice on implementing the Mental Health Act and its Code of Practice. Staff knew who their Mental Health Act and Mental Capacity Act leads were, and the provider had their own Mental Health Act department, and how to ask them for support.

The service had clear, accessible, relevant and up-to-date policies and procedures that reflected all relevant legislation and the Mental Health Act Code of Practice.

Patients had easy access to information about independent mental health advocacy and patients who lacked capacity were automatically referred to the service.

Care records and care and treatment review notes we reviewed evidence how staff had explained to each patient their rights under the Mental Health Act in a way that they could understand. Ward staff repeated as necessary and recorded it clearly in the patient's notes each time.

Staff made sure patients could take section 17 leave (permission to leave the hospital) when this was agreed with the Responsible Clinician and/or with the Ministry of Justice.

Staff requested an opinion from a Second Opinion Appointed Doctor (SOAD) when they needed to.

Staff stored copies of patients' detention papers and associated records correctly and staff could access them when needed.

Care plans included information about after-care services available for those patients who qualified for it under section 117 of the Mental Health Act.

Managers and staff made sure the service applied the Mental Health Act correctly by completing audits and discussing the findings.

Adherence to the Mental Health Act and the Mental Health Act Code of Practice – low secure wards for rehabilitation

Requires Improvement

Forensic inpatient or secure wards

Good practice in applying the Mental Capacity Act - medium secure wards

Staff supported patients to make decisions on their care for themselves. They understood the provider's policy on the Mental Capacity Act 2005 and assessed and recorded capacity clearly for patients who might have impaired mental capacity.

Staff received, and were consistently up to date, with training in the Mental Capacity Act and had a good understanding of at least the five principles. The average training level across all wards, was 90%.

There was a clear policy on Mental Capacity Act and deprivation of liberty safeguards, which staff could describe and knew how to access.

Staff knew where to get accurate advice on the Mental Capacity Act and deprivation of liberty safeguards.

Staff gave patients all support to make specific decisions for themselves before deciding a patient did not have the capacity to do so.

Staff assessed and recorded capacity to consent clearly each time a patient needed to make an important decision.

When staff assessed patients as not having capacity, they made decisions in the best interest of patients and considered the patient's wishes, feelings, culture and history.

Staff made applications for a Deprivation of Liberty Safeguards order only when necessary and monitored the progress of these applications.

The service monitored how well it followed the Mental Capacity Act through regular audit usually carried out by the Mental Health Act office and made changes to practice when necessary.

Staff audited how they applied the Mental Capacity Act and identified and acted when they needed to make changes to improve.

Assessment of needs and planning of care – low secure wards for rehabilitation

Staff assessed the physical and mental health of all patients on admission. They developed individual care plans which were reviewed regularly through multidisciplinary discussion and updated as needed. Care plans reflected patients' assessed needs, and were personalised, holistic and recovery oriented.

In low secure wards for rehabilitation, staff completed a comprehensive mental health assessment of each patient either on admission or soon after. We reviewed 14 care records and staff had completed full assessments for all patients on the day of admission. Staff also completed positive behaviour support plans with patients to identify how best to support them. A positive behaviour support plan is an individualised plan which is available to those who provide care and support aimed to reduce patient incidents before they occur by identifying early warning signs and de-escalation techniques. Staff involved patients in developing these plans.

Patients had their physical health assessed soon after admission and regularly reviewed during their time on the ward.

Requires Improvement

Forensic inpatient or secure wards

Staff developed a comprehensive care plan for each patient that met their mental and physical health needs. We reviewed 14 care plans which were all personalised, holistic and recovery oriented.

Staff regularly reviewed and updated care plans when patients' needs changed. Staff reviewed care plans at ward rounds with the patient and multi-disciplinary team.

Best practice in treatment and care – low secure wards for rehabilitation

Staff provided a range of treatment and care for patients based on national guidance and best practice. This included access to psychological therapies, support for self-care and the development of everyday living skills and meaningful occupation. Staff supported patients with their physical health and encouraged them to live healthier lives. Staff used recognised rating scales to assess and record severity and outcomes. They also participated in clinical audit, benchmarking and quality improvement initiatives.

In low secure wards for rehabilitation, staff provided a range of care and treatment suitable for the patients in the service. The service psychology team delivered groups including dialectical behavioural therapy groups, mindfulness and emotional regulation as well as one-to-one sessions preparing patients for therapy. The occupational therapy team assessed patients' skills and delivered sessions to improve their daily living skills.

Staff delivered care in line with best practice and national guidance. Staff told us they had a clear model of practice and treatment pathways which consisted of stages of stabilisation, developing coping mechanisms and emotional regulation, and transition to community settings.

Staff identified patients' physical health needs and recorded them in their care plans. We reviewed 14 care records, and all had identified physical health needs and actions to address these.

Staff made sure patients had access to physical health care, including specialists as required. The provider employed physical health nurses across the site and also had access to specialists including a GP, dentist and physiotherapist.

Staff met patients' dietary needs and assessed those needing specialist care for nutrition and hydration. Staff supported patients to prepare their own meals where risk allowed.

Staff helped patients live healthier lives by supporting them to take part in programmes or giving advice. Staff encouraged patients to participate in physical exercise and had escorted leave visits to the gym and swimming pool. Spencer South and Spencer North wards had converted a bedroom into a small gymnasium for patients who did not have leave to go to the site gym facility.

Staff used recognised rating scales to assess and record the severity of patients' conditions and care and treatment outcomes. Staff used Health of the Nation Outcome Scales to monitor outcomes for patients. Occupational therapy outcome measures were updated every six months to assess progression.

Staff took part in clinical audits, benchmarking and quality improvement initiatives. The provider employed a quality improvement team who completed audits and each ward had a quality improvement plan in place.

Managers used results from audits to make improvements. An example of this was audits found that patient discharge dates were not always updated in care records, and this was added to multi-disciplinary meetings for the date to be reviewed and updated in care records.

Requires Improvement

Forensic inpatient or secure wards

Skilled staff to deliver care – low secure wards for rehabilitation

The ward teams included or had access to the full range of specialists required to meet the needs of patients on the wards. Managers made sure they had staff with the range of skills needed to provide high quality care. They supported staff with appraisals, supervision and opportunities to update and further develop their skills. Managers provided an induction programme for new staff.

In low secure wards for rehabilitation, the service had access to a full range of specialists to meet the needs of the patients on the ward including a consultant psychiatrist, specialist doctors, psychologists, occupational therapists and social workers.

Managers ensured staff had the right skills, qualifications and experience to meet the needs of the patients in their care, including bank and agency staff.

Managers gave each new member of staff a full induction to the service before they started work and staff completed specific training on working in low secure services that included therapeutic approaches, compassion focused staff support and relationship boundaries.

Managers supported staff through regular, constructive appraisals of their work. All staff across the wards had received an appraisal.

Managers supported staff through regular, constructive clinical supervision of their work and 95% of staff across Spencer North and 90% of staff on Spencer South had received supervision in the month prior to inspection. Staff also attended reflective practice sessions delivered by psychologists.

Managers made sure staff attended regular team meetings or gave information from those they could not attend. Managers held monthly team meeting as well as daily planning meetings each morning.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge.

Managers made sure staff received any specialist training for their role.

Managers recognised poor performance, could identify the reasons and dealt with these. The provider had a policy on managing poor performance and managers gave examples of when they had used these policies.

Multi-disciplinary and interagency teamwork - low secure wards for rehabilitation

Staff from different disciplines worked together as a team to benefit patients. They supported each other to make sure patients had no gaps in their care. They had effective working relationships with staff from services providing care following a patient's discharge.

Staff held regular multidisciplinary meetings to discuss patients and improve their care. Staff held ward rounds every two weeks to meet with patients and discuss their care.

Requires Improvement

Forensic inpatient or secure wards

Staff made sure they shared clear information about patients and any changes in their care, including during handover meetings.

Ward teams had effective working relationships with other teams in the organisation. The ward teams worked well together and covered staffing gaps where possible. Staff had good working relationships with the physical health team, social work team and quality improvement team.

Ward teams had effective working relationships with external teams and organisations including commissioners and care co-ordinators.

Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Health Act Code of Practice and discharged these well. Managers made sure that staff could explain patients' rights to them.

Staff received and kept up to date with training on the Mental Health Act and the Mental Health Act Code of Practice and could describe the Code of Practice guiding principles with 95% of staff on Spencer South and 95% of staff on Spencer North completed up to date training.

Staff had access to support and advice on implementing the Mental Health Act and its Code of Practice. Staff were aware of who to contact for advice with any Mental Health Act queries.

Staff knew who their Mental Health Act administrators were and when to ask them for support.

The service had clear, accessible, relevant and up-to-date policies and procedures that reflected all relevant legislation and the Mental Health Act Code of Practice.

Patients had easy access to information about independent mental health advocacy and patients who lacked capacity were automatically referred to the service. The service displayed details about advocacy services on the wards and the advocate visited weekly.

Staff explained to each patient their rights under the Mental Health Act in a way that they could understand, repeated as necessary and recorded it clearly in the patient's notes each time.

Staff made sure patients could take section 17 leave (permission to leave the hospital) when this was agreed with the Responsible Clinician and/or with the Ministry of Justice.

Staff requested an opinion from a Second Opinion Appointed Doctor (SOAD) when they needed to.

Staff stored copies of patients' detention papers and associated records correctly and staff could access them when needed.

Informal patients knew that they could leave the ward freely and the service displayed posters to tell them this.

Care plans included information about after-care services available for those patients who qualified for it under section 117 of the Mental Health Act.

Requires Improvement

Forensic inpatient or secure wards

Managers and staff made sure the service applied the Mental Health Act correctly by completing audits and discussing the findings.

Good practice in applying the Mental Capacity Act - low secure wards for rehabilitation

Staff supported patients to make decisions on their care for themselves. They understood the provider's policy on the Mental Capacity Act 2005 and assessed and recorded capacity clearly for patients who might have impaired mental capacity.

Staff received and kept up to date with training in the Mental Capacity Act and had a good understanding of at least the five principles with 95% of staff on Spencer South and 95% of staff on Spencer North completed up to date training. Staff we spoke with understood the guiding principles.

There was a clear policy on Mental Capacity Act and Deprivation of Liberty Safeguards, which staff could describe and knew how to access.

Staff knew where to get accurate advice on the Mental Capacity Act and Deprivation of Liberty Safeguards. Staff were aware of who to contact if they had any queries about the Mental Capacity Act.

Staff gave patients all possible support to make specific decisions for themselves before deciding a patient did not have the capacity to do so.

Staff assessed and recorded capacity to consent clearly each time a patient needed to make an important decision. We reviewed 17 care records and saw evidence that staff had completed capacity assessments where required.

When staff assessed patients as not having capacity, they made decisions in the best interest of patients and considered the patient's wishes, feelings, culture and history.

The service monitored how well it followed the Mental Capacity Act and made and acted when they needed to make changes to improve.

Assessment of needs and planning of care – medium and low secure wards for people with learning disability and autistic people

Staff undertook functional assessments when assessing the needs of people who would benefit. They worked with people and with families and carers to develop individual care and support plans and updated them as needed. Care plans reflected the assessed needs, were personalised, holistic and strengths based.

Staff completed a comprehensive mental health assessment of each patient either on admission or soon after.

People had their physical health assessed soon after admission and regularly reviewed during their time on the ward. Staff had access to physical healthcare support on site. This included an onsite mobile physical health team; a GP and people were registered with this GP on admission. People had access to dentistry and the GP could refer people to appointments. If relevant they also had an epilepsy care plan.

Requires Improvement

Forensic inpatient or secure wards

Staff regularly reviewed and updated care plans and positive behaviour support plans when peoples' needs changed. We reviewed 24 care plans in which positive behaviour support plans were present and supported by a comprehensive assessment.

All but one care plans were personalised, holistic and strengths based. We reviewed 24 care plans and identified that one person required support with their continence care. On the day of the inspection we saw the person had soiled clothing. There was no care plan in place to tell staff how to manage this care need. Evidence in the patient's daily notes showed that the patient was frequently asked to have a bath and change their clothes. Personal hygiene had been care planned but did not specifically show how to manage incontinence. Staff offered incontinence pads and on inspection we observed the physical health team attended the ward after the patient disclosed, they had sore skin.

Best practice in treatment and care – medium and low secure wards for people with learning disability and autistic people

Staff provided a range of treatment and care for people based on national guidance and best practice. This included access to psychological therapies, support for self-care and the development of everyday living skills and meaningful occupation. Staff supported people with their physical health and encouraged them to live healthier lives.

Staff used recognised rating scales to assess and record severity and outcomes. They also participated in clinical audit, benchmarking and quality improvement initiatives.

Staff provided a range of care and treatment suitable for the people in the service. For example, people had access to adaptive cognitive behavioural therapy, coping skills, sensory approaches, animal therapy and work opportunities.

Staff delivered care in line with best practice and national guidance (from relevant bodies e.g. NICE National Institute for Health and Care Excellence).

Staff understood people positive behavioural support plans and provided the identified care and support. We reviewed 24 care plans and within each was a positive behaviour support plan.

Staff identified peoples' physical health needs and recorded them in their care plans. These were reviewed on a regular basis. Staff made sure people had access to physical health care, including specialists such as the dentist, podiatrist etc. People had an active role in maintaining their own health and wellbeing and this included access to primary care services.

Staff made sure people had access to physical health care, including specialists as required.

Staff did not always meet peoples' dietary needs and assess those needing specialist care for nutrition and hydration. One person on Sunley Ward had a low fluid intake and staff were reviewing this person's fluid intake. They commented that there were no staff to give him a drink.

Skilled staff to deliver care – medium and low secure wards for people with learning disability and autistic people

Requires Improvement

Forensic inpatient or secure wards

The ward teams included or had access to the full range of specialists required to meet the needs of people on the wards. Managers made sure they had staff with the range of skills needed to provide high quality care. Not all staff had received supervision or an appraisal. Managers supported staff with opportunities to update and further develop their skills. Managers provided an induction programme for new staff.

The service had access to a full range of specialists to meet the needs of the people on the ward. This included doctors, nurses, psychology, occupational therapists, speech and language therapist and social workers.

Managers ensured staff had the right skills, qualifications and experience to meet the needs of the people in their care, including bank and agency staff. The four-tier training programme supported staff to have access to relevant and good quality training in evidence-based practice. This included training in the wide range of strengths and impairments people with a learning disability and or autistic people may have, mental health needs, communication tools, positive behaviour support, sensory approaches, and all restrictive interventions. However, Makaton was not included in this training, and we found only one staff member was trained to use Makaton, despite a person accessing the service who required Makaton.

Managers ensured staff had the right skills, qualifications and experience to meet the needs of the people in their care, including bank and agency staff. Managers gave each new member of staff a full induction to the service before they started work. Managers recruited, trained and supported volunteers to work with people in the service.

Staff were supported to apply their training to people's individual needs. Updated training and refresher courses helped staff continuously apply best practice to the people they cared for.

Managers gave each new member of staff a full induction to the service before they started work.

Managers ensured staff attended regular team meetings or gave information to staff who could not attend. We saw evidence of the divisional clinical governance meeting minutes for February, April and May 2022, all of which were well attended and covered a range of items such as incidents, staffing, feedback, risk, clinical effectiveness. We saw evidence of morning huddle meetings, all well attended and discussing the requirements for each ward.

Managers supported most staff through regular, constructive appraisals of their work. Staff across the wards had received an appraisal except on Sunley ward where only 41% of staff had received an appraisal.

Staff did not have access to regular supervision, this meant that staff did not have time to reflect on how they might improve the quality of care, for example, there was a lack of recognition that more staff needed to have skills in using Makaton to support the communication needs of patients. The average compliance rate across the service in the month prior to our inspection was 64% across ten wards. No staff on Sunley ward received supervision in the month of May 2022, Meadow had a compliance rate of 68%, and Hawkins at 3%. However, we did note that in December 2021 all wards had achieved 91% or more compliance.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge.

Managers recognised poor performance, could identify the reasons and dealt with these.

Multi-disciplinary and interagency teamwork – medium and low secure wards for people with learning disability and autistic people

Requires Improvement

Forensic inpatient or secure wards

Staff from different disciplines worked together as a team to benefit people. They supported each other to make sure people had no gaps in their care. The ward teams had effective working relationships with staff from services that would provide aftercare following the person's discharge.

Staff held regular multidisciplinary meetings to discuss people and improve their care. We saw minutes of regular team meetings with set agenda items.

Staff made sure they shared clear information about people and any changes in their care, including during handover meetings. We saw evidence of handovers, We saw daily huddle meetings where the team discussed recent incidents, care plans, risk and shared learning from incidents.

Ward teams had effective working relationships with other teams in the organisation. The team were able to call upon physical healthcare teams, dental teams, chaplaincy services and used vocational skills workshops within the grounds of the hospital.

Ward teams had effective working relationships with external teams and organisations.

Adherence to the Mental Health Act and the Mental Health Act Code of Practice – medium and low secure wards for people with learning disability and autistic people

Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Health Act Code of Practice and discharged these well. Managers made sure that staff could explain people' rights to them.

Staff received and kept up to date with training on the Mental Health Act and the Mental Health Act Code of Practice and could describe the Code of Practice guiding principles. Data provided showed compliance with training in the Mental Health Act, in May 2022 was between 81% and 100% across all wards.

Staff had access to support and advice on implementing the Mental Health Act and its Code of Practice.

Staff knew who their Mental Health Act administrators were and when to ask them for support.

The service had clear, accessible, relevant and up-to-date policies and procedures that reflected all relevant legislation and the Mental Health Act Code of Practice.

People had easy access to information about independent mental health advocacy and people who lacked capacity were automatically referred to the service.

Staff explained to each patient their rights under the Mental Health Act in a way that they could understand, repeated as necessary and recorded it clearly in the patient's notes each time.

Staff made sure people could take section 17 leave (permission to leave the hospital) when this was agreed with the Responsible Clinician and/or with the Ministry of Justice.

Staff requested an opinion from a Second Opinion Appointed Doctor (SOAD) when they needed to.

Requires Improvement

Forensic inpatient or secure wards

Staff stored copies of people' detention papers and associated records correctly and staff could access them when needed.

Informal people knew that they could leave the ward freely and the service displayed posters to tell them this.

Care plans included information about after-care services available for those people who qualified for it under section 117 of the Mental Health Act.

Managers and staff made sure the service applied the Mental Health Act correctly by completing audits and discussing the findings.

Good practice in applying the Mental Capacity Act – medium and low secure wards for people with learning disability and autistic people

Staff supported people to make decisions on their care for themselves. They understood the service's policy on the Mental Capacity Act 2005 and assessed and recorded capacity clearly for people who might have impaired mental capacity.

Staff received and kept up to date with training in the Mental Capacity Act and had a good understanding of at least the five principles. Data provided showed compliance with training in the Mental Capacity Act, in May 2022 was between 81% and 100% across all wards.

There was a clear policy on Mental Capacity Act and Deprivation of Liberty Safeguards, which staff could describe and knew how to access.

Staff knew where to get accurate advice on the Mental Capacity Act and Deprivation of Liberty Safeguards.

Staff gave people all possible support to make specific decisions for themselves before deciding a patient did not have the capacity to do so.

Staff assessed and recorded capacity to consent clearly each time a person needed to make an important decision.

When staff assessed people as not having capacity, they made decisions in the best interest of people and considered the person's wishes, feelings, culture and history.

Staff made applications for a Deprivation of Liberty Safeguards order only when necessary and monitored the progress of these applications.

The service monitored how well it followed to the Mental Capacity Act and acted when they needed to make changes to improve.

Requires Improvement

Forensic inpatient or secure wards

Are Forensic inpatient or secure wards caring?

Good

Our rating of caring improved. We rated it as good.

Kindness, privacy, dignity, respect, compassion and support - medium secure wards

Staff treated patients with compassion and kindness. They respected patients' privacy and dignity. They understood the individual needs of patients and supported patients to understand and manage their care, treatment or condition.

Staff were discreet, respectful, and responsive when caring for patients. Throughout our inspection we observed positive staff patient interactions. Results from a recent 'My Voice' dashboard evidenced that 76% of patients felt their experience of this service was either very good or good, 13% felt it poor and 13% did not feel it was either good or poor.

Patients confirmed that staff gave them help, emotional support and advice when they needed it.

Staff supported patients to understand and manage their own care treatment or condition. We saw some good examples of staff asking patients how they were getting on with managing their medication, what they would prefer to do to release frustration instead of going to the gym, and when would they like to discuss their treatment plan, if not now. Patient involvement was central to the development of patient's positive behavioural support plans (PBS), however patients had not always been directly involved in their care planning process by choice.

Staff directed patients to other services and supported them to access those services if they needed help.

Twenty patients said most staff treated them well and behaved kindly, however 6 patients gave examples of when staff had ignored them because they were busy or had not had time to stop and speak with them or explain things clearly. However, while staff we spoke with demonstrated how they understood and respected the individual needs of each patient they acknowledged that due to pressures of work it was not always possible to spend as much time with patients as they would like.

Staff felt that they could raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes towards patients.

Staff followed policy to keep patient information confidential.

Involvement in care – medium secure wards

Staff involved patients in care planning and risk assessment and actively sought their feedback on the quality of care provided. They ensured that patients had easy access to independent advocates.

Involvement of patients

Staff introduced patients to the ward and the services as part of their admission. Each ward had a ward booklet which was given to patients on admission.

Staff involved patients and gave them access to their care planning and risk assessments. Care plans we reviewed all indicated if a patient had been offered a copy of the care plan and risk assessment. Nineteen of the 26 patients we spoke with confirmed they had been involved in their care planning and all patients we spoke with said they had been involved in developing their positive behavioural support plan. However, three patients we spoke with told us staff had not always involved them in developing their care plans and had not given them access to their care plans and risk assessments. Though we could not find any other evidence that this was the case. The remaining four patients did not answer this question. We observed positive interaction between a patient and a nurse discussing a revised care plan after a ward round. Staff made sure they found ways to communicate with patients who had communication difficulties, such as using visual diagrams, Makaton, British sign language and large print.

Staff involved patients in decisions about the service, when appropriate. During our inspection we both staff and patients told us that patients were involved in the refurbishments programme. Patients also told us they had been involved in staff interviews. We also saw evidence of a wellness group discussion group on Prichard ward where staff were encouraging patients to tell them what they expected the ward clinical model to include. Patients stated they wanted it to include sessions about accepting difference between people, rehabilitation, no judgement and different ways of getting to know each other better.

Patients could give feedback on the service and their treatment and staff supported them to do this. Patients attended community meetings on each of the ward.

Staff supported patients to make advanced decisions on their care where they wanted to do this.

Staff made sure patients could access advocacy services and there were notices on the communal notice boards on all wards about how to access this service. One patient told us how they were supported by the advocate at a ward round at their request, because he did not agree with the changes the doctor proposed to make to his medication.

Involvement of families and carers – medium secure wards

Staff informed and involved families and carers appropriately.

Staff supported, informed and involved families or carers when patients had given permission for this to happen.

Staff helped families to give feedback on the service. We heard about the carers support group that was held every month and how there was a carers liaison worker on Robinson ward. We saw posters in the foyer advertising the next carers meetings and coffee and chat drop ins.

All carers and families were encouraged to compete feedback forms annually and at the point of discharge. Specific efforts to keep families and carers involved and one social worker explained how if a family member or carer could not attend a specific ward round then they would telephone them afterwards and give a verbal update. We heard of examples where family members had been supported financially for travel and accommodation costs to visit their relatives or attend specific care and treatment reviews.

Kindness, privacy, dignity, respect, compassion and support - low secure wards for rehabilitation

Requires Improvement

Forensic inpatient or secure wards

Staff treated patients with compassion and kindness. They respected patients' privacy and dignity. They understood the individual needs of patients and supported patients to understand and manage their care, treatment or condition.

Staff were discreet, respectful, and responsive when caring for patients. We observed staff interactions with patients and saw they were responsive and respectful. Patients told us staff were respectful and always knocked before entering bedrooms.

Staff gave patients help, emotional support and advice when they needed it.

Staff supported patients to understand and manage their own care treatment or condition. Staff encouraged patients where appropriate to manage their own medicine administration and patients understood their treatment goals.

Staff directed patients to other services and supported them to access those services if they needed help.

Patients said staff treated them well and behaved kindly. We spoke with 10 patients who told us staff were kind, respectful and genuinely caring.

Staff understood and respected the individual needs of each patient.

Staff felt that they could raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes towards patients.

Staff followed policy to keep patient information confidential.

Involvement in care – low secure wards for rehabilitation

Staff involved patients in care planning and risk assessment and actively sought their feedback on the quality of care provided. **They ensured that patients had easy access to independent advocates.**

Involvement of patients – low secure wards for rehabilitation

Staff introduced patients to the ward and the services as part of their admission. Staff gave newly admitted patients a tour of the ward on arrival and gave them an information leaflet about the wards.

Staff involved patients and gave them access to their care planning and risk assessments. We reviewed 14 care records and saw that patient views were recorded in care plans and positive behaviour support plans. Patients told us they had not been given a copy of their care plan but that they knew what their care plan goals were.

Staff made sure patients understood their care and treatment. Patients were involved in discussion about their care and treatment in care plan review meetings.

Staff involved patients in decisions about the service, when appropriate. Staff held weekly community meetings where they encouraged patients to lead and make suggestions about service improvements.

Patients could give feedback on the service and their treatment and staff supported them to do this. Patients could give feedback in community meetings and in the monthly provider patient forum.

Staff supported patients to make decisions on their care. Patients told us they were involved in discussions about their care including medication and self-administration.

Staff made sure patients could access advocacy services. Patients could access an independent mental health advocate who visited the ward weekly.

Involvement of families and carers – low secure wards for rehabilitation

Staff informed and involved families and carers appropriately.

Staff supported, informed and involved families or carers. Staff invited families and carers to attend care plan reviews either virtually or in person.

Staff helped families to give feedback on the service. The provider held a carers forum for families and carers to provide feedback on the service.

Kindness, privacy, dignity, respect, compassion and support – medium and low secure wards for people with learning disability and autistic people

Staff treated people with compassion and kindness. They did not always respect people' privacy and dignity. They understood the individual needs of people and supported people to understand and manage their care, treatment or condition.

Staff were discreet, respectful, and responsive when caring for people. We saw evidence of staff taking pride in the work they did, and people felt valued with the care received.

Staff gave people help, emotional support and advice when they needed it. We observed a community meeting co-chaired by staff and people who used the service. Staff showed compassion during the community meeting when they asked how a person was feeling following a recent sudden bereavement. Staff showed empathy in this situation.

Staff supported people to understand and manage their own care treatment or condition. Staff explained care plans to people who used the service and people had opportunity to have individual time with their care co-ordinators. People also had opportunity to give feedback on their care during the community meeting and suggest ideas on how they would like the service to meet their needs. We saw this minuted in the minutes of the meeting.

Staff directed people to other services and supported them to access those services if they needed help.

People said staff treated them well and behaved kindly. Staff understood and respected the individual needs of each patient. However, on Sunley ward, an inspector observed one member of staff use an inappropriate word to a colleague in the nursing office. The staff member referred to an incontinence pad as a "nappy" which needed changing for one person who used the service. This showed lack of respect and dignity to the person. This occurred in the nursing office and not in front of the people.

Requires Improvement

Forensic inpatient or secure wards

The 'My Voice' feedback system dashboard, which collated feedback about the service showed 38% of people rated the service as very good and 38% rated it as good. Responses indicated people who used the service felt safe (9 out of 10), and the who supported them were kind, (8 out of 10) and had a say in their care (9 out of 10).

Staff felt that they could raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes towards people. My Voice, was used by staff and staff could speak to the Freedom to Speak up Guardian (FTSUG) as well.

Staff followed policy to keep personal information confidential. We observed a situation where a person using the service had access to the internet to be able to maintain contact with their family. This was managed in a safe way, ensuring log in details to the service IT equipment was kept safe and staff were reminded through a communication across the service how to maintain IT security.

Involvement in care – medium and low secure wards for people with learning disability and autistic people

Staff involved people in care planning and risk assessment and actively sought their feedback on the quality of care provided. **They ensured that people had easy access to independent advocates.**

Involvement of people – medium and low secure wards for people with learning disability and autistic people

Staff introduced people to the ward and the services as part of their admission.

Staff involved people and gave them access to their care planning and risk assessments. People told us they were involved in their care planning and were able to share this with staff. Carers told us of examples where they had been asked for their comments and views on the care provided.

Staff made sure people understood their care and treatment and found ways to communicate with people who had communication difficulties. There was a Speech and Language Therapist (SALT) on-site to support with communication.

Staff involved people in decisions about the service, when appropriate. Evidence from community meetings showed peoples involvement in chairing and being able to discuss new ideas, be open and be involved in their care.

People could give feedback on the service and their treatment and staff supported them to do this. People felt valued by staff who showed interest in their wellbeing and quality of life. Staff generally showed warmth and respect when interacting with people. My Voice was used by the service for people to give feedback.

We observed the community meeting on Meadow ward where staff and people jointly chaired the meeting (attended by six people). There were warm and caring interactions observed. Everyone had an opportunity to speak and raise any concerns and if people sat quietly, they were encouraged to speak.

Staff supported people to make decisions on their care. We saw evidence of this when speaking to people and in their care plans.

Staff made sure people could access advocacy services. We saw posters around the service

Involvement of families and carers – medium and low secure wards for people with learning disability and autistic people

Requires Improvement

Forensic inpatient or secure wards

Staff informed and involved families and carers appropriately.

Staff supported, informed and involved families or carers. We saw evidence of this when speaking to carers and patients and being involved in activities and decisions for what people liked or disliked.

Staff helped families to give feedback on the service.

Staff gave carers information on how to find the carer's assessment.

Are Forensic inpatient or secure wards responsive?

Good

Our rating of responsive improved. We rated it as good.

Access and discharge – medium secure wards

Staff planned and managed patient discharge well. They worked well with services providing aftercare and managed patients' moves to another inpatient service or to prison. As a result, it was only on rare occasions that patients experienced longer stays in hospital than expected and for reasons beyond the control of managers or patients.

Bed management – medium secure wards

Managers regularly reviewed length of stay for patients to ensure they did not stay longer than they needed to.

When patients went on leave there was always a bed available when they returned.

Patients were moved between wards only when there were clear clinical reasons, or it was in the best interest of the patient. We saw the multi-disciplinary team meeting notes relating to two such transfers.

Staff did not move or discharge patients at night or very early in the morning.

Discharge and transfers of care – medium secure wards

Managers monitored the number of patients whose discharge was delayed, they knew which wards had the most delays, and took action to try to reduce them. Data as of 15 June 2022 showed there were nine patients, across four wards, who had experienced longer admissions than expected. Delays ranged from 14 days to 442 days. Managers had given reasons for the delays that included four disputes, one patient and or family choice and four patients waiting for suitable move on accommodation and or care co-ordination allocation.

Staff carefully planned patients' discharge and worked with care managers, coordinators and the Ministry of Justice (where relevant), to make sure this went well.

Requires Improvement

Forensic inpatient or secure wards

Staff supported patients when they were referred or transferred between services. The service followed national standards for transfer.

Facilities that promote comfort, dignity and privacy - medium secure wards

The design, layout, and furnishings of the ward supported patients' treatment, privacy and dignity. Each patient had their own bedroom with an en-suite bathroom and could keep their personal belongings safe. There were quiet areas for privacy. The food was of variable quality and most patients could not make hot drinks and snacks at any time.

Each patient had their own bedroom, which they could personalise.

Patients had a secure place to store personal possessions.

The service had a full range of rooms and equipment to support treatment and care. Patients had access to the day areas and their bedrooms, however access to group and activity rooms was escorted due to identified risks.

The service had quiet areas and a room where patients could meet with visitors in private.

Patients could make phone calls in private. Each ward had two phone booths in an enclosed telephone room which patients could use. Patients also had access to the ward mobile phone.

The service had an outside space that patients could access easily. Each of the four wards had an external courtyard area to which patients had free access.

The service offered a variety of food. However, patient's feedback on the quality of food was variable. Five patients told us there was a lack of food choice and on Rose ward five patients were not happy that the individual paper system for choosing their daily menu was replaced by a centralised electronic tablet ordering system. Three patients explained due to cognitive problems without a visual paper copy of what they had ordered for lunch and tea they could not be sure they were getting the meals they had ordered. This doubt often caused frustration between themselves and the staff at mealtimes. They had asked for the old system to be returned but staff told them this could not happen. We did not see evidence of any other options having been explored.

Patients' engagement with the wider community – medium secure wards

Staff supported patients with activities outside the service, such as work, education and family relationships.

Staff made sure patients had access to opportunities for education and work and supported patients. However, patients and staff expressed concern over the loss of the 'light and heavy industrial training' workshop. This was a standalone facility in the hospital grounds that encouraged patients to take part in construction projects as a way of developing new skills and confidence. The decision to remove this workshop from the wards general activity timetable was taken by senior management as they wanted to use the facility to develop patients real work opportunities. However, these plans excluded anyone not intending to or able to return to work.

Staff helped patients to stay in contact with families and carers.

Requires Improvement

Forensic inpatient or secure wards

Staff encouraged patients to develop and maintain relationships both in the service and the wider community.

Meeting the needs of all people who use the service – medium secure wards

The service met the needs of all patients – including those with a protected characteristic. Staff helped patients with communication, advocacy and cultural and spiritual support.

The service could support and plan for disabled people and those with communication needs or other specific needs.

Staff made sure patients could access information on treatment, local service, their rights and how to complain.

The service had access to information leaflets available in languages spoken by the patients and local community.

Managers made sure staff and patients could get help from interpreters or signers when needed. We interviewed one patient in the presence of an interpreter. The patient had access to an interpreter five days a week. Staff ensured that any of this patients' appointments, therapy time and ward rounds were conducted during the times the translator was available, and on the remaining two days per week the patient used a handheld translator.

The service provided a variety of food to meet the dietary and cultural needs of individual patients.

Patients had access to spiritual, religious and cultural support.

Listening to and learning from concerns and complaints – medium secure wards

The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with the whole team and wider service.

Patients, relatives and carers knew how to complain or raise concerns.

The service clearly displayed information about how to raise a concern in patient areas.

Staff understood the policy on complaints and knew how to handle them.

Managers investigated complaints and identified themes. The service had received five formal complaints since August 2021. Four of these have been fully investigated and learning identified. The fifth complaint was under investigation and within the providers timescale for complaint investigation.

Staff protected patients who raised concerns or complaints from discrimination and harassment.

Staff knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint.

Managers shared feedback from complaints with staff and learning was used to improve the service. This took place in the daily huddle and in lessons learned briefings.

The service used compliments to learn, celebrate success and improve the quality of care.

Requires Improvement

Forensic inpatient or secure wards

There was evidence that changes had been made as a result of feedback. Ward activity programs revised easy read care plans and risk assessments, and electronic recording of observations.

Access and discharge – low secure wards for rehabilitation

Staff planned and managed patient discharge well. They worked well with services providing aftercare and managed patients' move out of hospital. As a result, patients did not have to stay in hospital when they were well enough to leave.

Managers regularly reviewed length of stay for patients to ensure they did not stay longer than they needed to. The average length of stay on Spencer North was 794 days and on Spencer South was 490 days.

Managers and staff worked to make sure they did not discharge patients before they were ready.

When patients went on leave there was always a bed available when they returned.

Patients were moved between wards during their stay only when there were clear clinical reasons, or it was in the best interest of the patient.

Staff did not move or discharge patients at night or very early in the morning.

Discharge and transfers of care – low secure wards for rehabilitation

Managers monitored the number of patients whose discharge was delayed, knew which wards had the most delays, and took action to reduce them. Spencer South had two patients whose discharge had been delayed who were waiting for commissioners to secure another placement. Spencer North did not have any patient whose discharge was delayed.

Patients did not have to stay in hospital when they were well enough to leave.

Staff carefully planned patients' discharge and worked with care managers and coordinators to make sure this went well. We reviewed 14 care records and saw that discharge planning had improved since the previous inspection. Staff commenced discharge planning soon after admission and patient views were included in the discharge plans.

Facilities that promote comfort, dignity and privacy - low secure wards for rehabilitation

The design, layout, and furnishings of the ward supported patients' treatment, privacy and dignity. Each patient had their own bedroom with an en-suite bathroom and could keep their personal belongings safe. There were quiet areas for privacy. The food was of good quality and patients could make hot drinks and snacks at any time. When clinically appropriate, staff supported patients to self-cater.

Each patient had their own bedroom, which they could personalise. All bedrooms were en-suite and single occupancy.

Patients had a secure place to store personal possessions as each patient had a locker in a secure room within the ward.

Requires Improvement

Forensic inpatient or secure wards

Staff used a full range of rooms and equipment to support treatment and care. The wards all had enough rooms for patients to use including a kitchen, lounge, dining area as well as activity rooms, pool table area and Spencer South and Spencer North wards had both converted one bedroom into a small gym with equipment.

The service had quiet areas and a room where patients could meet with visitors in private. Spencer North and Spencer South both had quiet rooms for patients to use and shared the use of a family visit room.

Patients could make phone calls in private. The wards had a small room with a phone for patients to use and patients were also provided with basic mobile phones that could be used to make calls and send text messages.

The service had an outside space that patients could access easily. The wards all had open access to garden spaces.

Patients could make their own hot drinks and snacks and were not dependent on staff. Hot water flasks were available on Spencer North and Spencer South wards for patients to make drinks at any time.

The service offered a variety of good quality food. We spoke with 12 patients who told us the food was good and they had a number of choices. However, two patients on Spencer North felt that their food choices had been restricted by the dietician as the amount of bread they were allowed at mealtimes had been limited.

The provider advised that dieticians recommend that patients follow a healthy diet as and when required due to individual patient care needs.

Patients' engagement with the wider community - low secure wards for rehabilitation

Staff supported patients with activities outside the service, such as work, education and family relationships.

Staff made sure patients had access to opportunities for education and work and supported patients. The provider offered a recovery college and Workbridge centre which offered a number of workshops delivering life skills and voluntary work.

The provider had a target of providing 25 hours of activities per week and the average was 33 hours per week engaged in meaningful activity.

Staff helped patients to stay in contact with families and carers. Staff invited family members to care planning reviews where patients consented and provided mobile telephones for patients to maintain contact with their families.

Staff encouraged patients to develop and maintain relationships both in the service and the wider community.

Meeting the needs of all people who use the service – low secure wards for rehabilitation

The service met the needs of all patients – including those with a protected characteristic. Staff helped patients with communication, advocacy and cultural and spiritual support.

The service could support and make adjustments for disabled people and those with communication needs or other specific needs.

Requires Improvement

Forensic inpatient or secure wards

Staff made sure patients could access information on treatment, local service, their rights and how to complain. Staff displayed information on notice boards on the wards.

The service had information leaflets available in languages spoken by the patients and local community.

Managers made sure staff and patients could get help from interpreters or signers when needed.

The service provided a variety of food to meet the dietary and cultural needs of individual patients. Patients told us they could access food that met their dietary requirements.

Patients had access to spiritual, religious and cultural support.

Listening to and learning from concerns and complaints – low secure wards for rehabilitation

The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with the whole team and wider service.

Patients, relatives and carers knew how to complain or raise concerns. Patients told us they knew how to make a formal complaint and were happy that when they raised concerns informally with staff or in community meetings they were addressed.

The service clearly displayed information about how to raise a concern in patient areas and this was included in the ward information leaflet given to patients.

Staff understood the policy on complaints and knew how to handle them. The provider had a central complaints team who reviewed complaints and managed the process. There were no complaints made in the previous 6 months before our inspection.

Managers investigated complaints, there had not been enough complaints to analyse themes, but complaints were discussed in the ward daily meeting.

Staff protected patients who raised concerns or complaints from discrimination and harassment. Patients told us they felt safe to raise concerns with staff.

Managers shared feedback from complaints with staff and learning was used to improve the service.

The service used compliments to learn, celebrate success and improve the quality of care. The service received three compliments about the service on Berkeley Close in May 2022.

Access and discharge – medium and low secure wards for people with learning disability and autistic people

Staff planned and managed person discharge well. They worked well with services providing aftercare and managed people' move out of hospital. As a result, people did not have to stay in hospital when they were well enough to leave.

Bed management– medium and low secure wards for people with learning disability and autistic people

Requires Improvement

Forensic inpatient or secure wards

Managers made sure bed occupancy did not go above 85%.

Managers regularly reviewed length of stay for people to ensure they did not stay longer than they needed to. The average length of stay was 303 days.

The service had no/low out-of-area placements.

Managers and staff worked to make sure they did not discharge people before they were ready.

When people went on leave there was always a bed available when they returned.

People were moved between wards during their stay only when there were clear clinical reasons, or it was in the best interest of the person.

Staff did not move or discharge people at night or very early in the morning.

Discharge and transfers of care – medium and low secure wards for people with learning disability and autistic people

Managers monitored the number of people whose discharge was delayed, knew which wards had the most delays, and took action to reduce them.

People did not have to stay in hospital when they were well enough to leave.

The only reasons for delaying discharge from the service were clinical.

Staff carefully planned people' discharge and worked with care managers and coordinators to make sure this went well.

Staff supported people when they were referred or transferred between services.

The service followed national standards for transfer.

Facilities that promote comfort, dignity and privacy – medium and low secure wards for people with learning disability and autistic people

The design, layout, and furnishings of the ward supported people' treatment, privacy and dignity. Each person had their own bedroom with an en-suite bathroom and could keep their personal belongings safe. There were quiet areas for privacy. The food was of good quality and people could make hot drinks and snacks at any time.

Each person had their own bedroom, which they could personalise.

People had a secure place to store personal possessions.

Requires Improvement

Forensic inpatient or secure wards

Staff used a full range of rooms and equipment to support treatment and care. On Hawkins ward there was a variety of activities that people could use such as exercising equipment and a wide range of activities. For example, games consoles, a games room, cooking, gardening, modelling club and a football tournament. People were able to put forward ideas in the community meeting about what activities they would like to participate in.

The service had quiet areas and a room where people could meet with visitors in private.

People could make phone calls in private.

The service had an outside space that people could access easily.

People could make their own hot drinks and snacks and were not dependent on staff.

The service offered a variety of good quality food.

People' engagement with the wider community – medium and low secure wards for people with learning disability and autistic people

Staff supported people with activities outside the service, such as work, education and family relationships.

Staff made sure people had access to opportunities for education and work and supported people. People had the opportunity to try new experiences, develop new skills and gain independence. Staff supported people to access Workbridge, a local charity that helped people develop vocational confidence and skills and they had opportunities to work in the coffee shop, catering, horticulture, contracting and develop office skills.

Staff helped people to stay in contact with families and carers.

Staff encouraged people to develop and maintain relationships both in the service and the wider community.

Meeting the needs of all people who use the service – medium and low secure wards for people with learning disability and autistic people

The service met the needs of all people – including those with a protected characteristic. Staff helped people with communication, advocacy and cultural and spiritual support.

The service could support and make adjustments for disabled people and those with communication needs or other specific needs.

Wards were dementia friendly and supported disabled people.

Staff made sure people could access information on treatment, local service, their rights and how to complain.

The service had information leaflets available in languages spoken by the people and local community.

Managers made sure staff and people could get help from interpreters or signers when needed.

Requires Improvement

Forensic inpatient or secure wards

The service provided a variety of food to meet the dietary and cultural needs of individual people. Two people on meadow ward said there was a choice of meals and to meet specific dietary requirements, however one person would prefer to have more take-aways.

People had access to spiritual, religious and cultural support. One person on meadow ward has a chaplain and goes to the church twice a week. There is also access to a faith room. One comment made by a person was “It doesn’t feel like I’m sectioned- it feels like I am in a residential unit with a locked door. My care is least restrictive.”

There was a multicultural room and we were told by staff that staff who provide multifaith care were ‘fantastic’ and that they ‘support all faiths and come to visit the ward voluntarily. They take people to the church and often brings in a pat dog. Religious beliefs can often be missed but the volunteer staff support is a big advocate.

Listening to and learning from concerns and complaints – medium and low secure wards for people with learning disability and autistic people

The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with the whole team and wider service.

People, relatives and carers knew how to complain or raise concerns.

The service clearly displayed information about how to raise a concern in person areas.

Staff understood the policy on complaints and knew how to handle them.

Managers investigated complaints and identified themes where necessary.

There were seven complaints across the service in April 2022 with no specific themes noted.

The head of operations is now looking at and dealing with complaints and compliments.

Staff protected people who raised concerns or complaints from discrimination and harassment.

Staff knew how to acknowledge complaints and people received feedback from managers after the investigation into their complaint.

Managers shared feedback from complaints with staff and learning was used to improve the service.

The service used compliments to learn, celebrate success and improve the quality of care.

Are Forensic inpatient or secure wards well-led?

Requires Improvement

Our rating of well-led stayed the same. We rated it as requires improvement.

Requires Improvement

Forensic inpatient or secure wards

Leadership - medium secure wards

Leaders had the skills, knowledge and experience to perform their roles. They had a good understanding of the services they managed and were visible in the service and approachable for patients and staff.

Managers were keen to share with us the re-energised leadership program to develop managers within the service. One manager we spoke with told us he had just started the program and it was a vast improvement on what he had heard colleagues had completed in the past.

During inspection, we saw that the provider had undertaken a review of management structures within the service. We were informed that managers were usually visible in the service and most staff knew who the most senior managers and executives in the organisation were.

Managers had introduced a multidisciplinary morning huddle meeting at which all operation issues and risks were discussed. Managers also attended a daily service meeting to discuss operational and risk issues across the service. While we saw minutes of both these initiatives, and they did seem to be covering everything they were designed to cover the recent changes were in their infancy.

Vision and strategy – medium secure wards

Staff knew and understood the provider's vision and values and how they applied to the work of their team.

All staff interviewed were aware of the providers' vision and values and were able to describe these in practice. Staff informed us that the provider was currently developing a new five-year strategic pathway.

We were pleased to hear that a permanent post was now in place for a lead Freedom to Speak up Guardian and we heard the vision to develop further the awareness for staff on the role and how to speak up.

Culture – medium secure wards

Staff felt respected, supported and valued. They said the provider promoted equality and diversity in daily work and provided opportunities for development and career progression. They could raise any concerns without fear.

We saw the effects of the work the provider had delivered on culture change, which included workshops, training, regular bulletins and leadership behaviours to role model a positive culture.

The provider was in the process of implementing cultural change project across the service. This project (based on six C's), focused to ensure effective communication, care planning, clear risk assessments, the clinical model, ensuring correct information records and the cleanliness of the wards. Staff told us that improvements had been made following our last inspection. Most staff told us that they felt listened to, respected and valued as a member of the team.

A permanent post was now in place for a lead Freedom to Speak up Guardian and we heard the vision to develop further the awareness for staff on the role and how to speak up.

Requires Improvement

Forensic inpatient or secure wards

Managers told us about the closed cultures project they had embarked on and sent us documented information about the program, the training that was offered to staff and the awareness sessions carried out with patients. Copies of the closed cultures poster that had been designed in collaboration with service users, carers groups and the provider were visible around the wards.

Governance – medium secure wards

Our findings from the other key questions demonstrated that governance processes mostly operated effectively at team level and that performance and risk were managed well.

The provider had addressed all requirement notices from our previous inspection, and while staffing continued to be a challenge the provider had made significant improvement in this area. Managers had access to performance dashboards that gave them an overview of the ward performance including staffing, mandatory training and supervision compliance. We saw a strengthened governance structure since our last inspection. A variety of meetings took place at ward level, at manager level and then at senior leader level. Each meeting had a direct report that was fed up to board. This was an improvement since our last inspection. Data showed managers had always managed to maintain safe staffing numbers that kept patients safe from harm. Staff and patients were reporting a much-improved picture since our last inspection.

Changes that managers had achieved included a review of the management structures and we were told that there was stronger clinical leadership on the wards. The provider had embedded clear governance structures within the directorate. These included clinical governance forums both at ward and division level. It was evident that there had been an improvement in governance arrangements within the service, which was still in the early stages of being implemented.

However, we did find a refrigerator on one ward that managers had not ensured was cleaned regularly, an area on another ward smelt of urine and we found some opened but unlabelled medicines on another ward. The issues were raised with managers who addressed the matters immediately. While we recognised that mandatory training, supervision and appraisal on some wards could be improved, and we have breached the provider for these issues in safe and effective key questions. We did feel that managers had demonstrated significant improvement in these areas since our last inspection.

Although the provider continued to have blanket restrictions in place. Specifically, that patients had no immediate access to hot and cold drinks on two out of the five wards inspected, patients had set times for using ‘vapes’ and some patients did not have access to mobile phones. Managers felt these were justified on the grounds of patient safety, however we did not see evidence that any other options had been explored and therefore breached the provider on these points in safe key question.

Management of risk, issues and performance – medium secure wards

Teams had access to the information they needed to provide safe and effective care and used that information to good effect.

Managers collected a range of care delivery information, such as the safety framework and key performance indicators. The provider had access to a wide range of performance data, however we found that up to date data on the provider’s current status in terms of appraisal was not readily available.

Requires Improvement

Forensic inpatient or secure wards

Information management – medium secure wards

Staff collected analysed data about outcomes and performance and engaged actively in local and national quality improvement activities.

Managers collated a range of performance figures, which related to clinical delivery

Managers actively collected and reviewed ward performance data. Managers told us about the ward safety dashboard, key performance indicators and results from clinical audits. The service also engaged in a number of quality improvement activities based on national quality improvement methodologies.

Engagement – medium secure wards

Managers engaged actively other local health and social care providers to ensure that an integrated health and care system was commissioned and provided to meet the needs of the local population. Managers from the service participated actively in the work of the local transforming care partnership.

The provider had strong links with several other providers including other mental health trusts as part of an East Midlands mental health alliance. The service was part of the local strategic partnership and held ongoing engagement meetings with the local NHS Foundation trust.

Learning, continuous improvement and innovation – medium secure wards

The service was actively engaged in quality improvement programmes using evidenced methodologies. Managers had ensured that the quality improvement initiatives aimed to address areas for improvement as identified by clinical audit and previous care quality commission inspection and engagement meeting recommendations.

St Andrew's Healthcare had engaged with a local mental health trust to support them with quality improvement initiatives, including culture change project, safety improvements and improvements to governance and oversight systems.

Senior managers were keen for us to know about the Change Leader workshops and their Lead the Change newsletters. Both initiatives were designed to develop staff skills and promote implementation of innovation and improvement within the service. Staff we spoke with were aware of these initiatives and said they found the newsletters helpful.

Leadership – low secure wards for rehabilitation

Leaders had the skills, knowledge and experience to perform their roles. They had a good understanding of the services they managed and were visible in the service and approachable for patients and staff.

Local leaders at ward and directorate level had good knowledge and understanding of the service they managed and were visible on the ward for staff and patients. Staff felt the directorate leads were supportive and caring.

Senior leaders were working to improve their visibility and communication with frontline staff by holding regular drop-in sessions for staff to attend.

Staff did not feel that they were consulted on changes within the service that affected them such as changes to staffing and shifts.

Vision and strategy – low secure wards for rehabilitation

Staff knew and understood the provider's vision and values and how they were applied to the work of their team.

Staff could describe the provider values of Compassion, Accountability, Respect, Excellence and demonstrated these values in their day to day work.

Culture – low secure wards for rehabilitation

Staff felt respected, supported and valued. They said the provider promoted equality and diversity in daily work and provided opportunities for development and career progression. They could raise any concerns without fear.

We saw evidence that culture workshops and training had taken place across the organisation as a response to our last inspection. The Heygate clinical model was adapted to be used in training. This training includes the philosophy, motivational interviews, boundaries, behaviour principles such as compassion focus, therapeutic approaches, managing change and enhanced support.

Staff mainly felt respected and supported by their colleagues and managers. However, one member of staff felt that concerns were not listened to and that staff could not speak up without fear. The provider had a freedom to speak up guardian in post to help support staff who wanted to raise a concern.

The provider offered development opportunities for staff including nursing qualification for healthcare assistants and ongoing development for nurses.

Governance – low secure wards for rehabilitation

Our findings from the other key questions demonstrated that most governance processes operated effectively at team level and that performance and risk were managed well.

Managers had access to performance dashboards that gave them an overview of the ward performance including staffing, mandatory training and supervision compliance. We saw a strengthened governance structure since our last inspection. A variety of meetings took place at ward level, at manager level and then at senior leader level. Each meeting had a direct report that was fed up to board. This was an improvement since our last inspection. Meetings included ward huddles, safety meetings, community meetings, incident reviews where triangulation of data occurred. We saw minutes of these meetings which had a standard agenda and minutes showed actions with relevant people assigned. However, this was not consistent across all ward and Spencer South did not use their audits effectively to identify service improvements areas. This included a lack of audits of the clinic room and medicines on Spencer South ward.

The wards held clinical governance meetings monthly and these fed into the directorate level clinical governance meetings. Meetings had a clear agenda of areas for discussion including incidents and learning, complaints, patient and carer feedback, staffing and safeguarding.

Requires Improvement

Forensic inpatient or secure wards

Management of risk, issues and performance – low secure wards for rehabilitation

Teams had access to the information they needed to provide safe and effective care and used that information to good effect.

Wards had individual risk registers in place, and these matched the concerns of staff on the ward. Managers could add items onto the risk register when needed. Risk registers were reviewed in clinical governance meetings on a monthly basis and top ten risks were identified. Dashboards for all areas of service delivery and performance were in place and all staff had access to the minutes of clinical governance meetings where performance was shared.

Ward staff had access to the information they needed to provide safe and effective care and used that information to good effect.

Information management – low secure wards for rehabilitation

Staff collected analysed data about outcomes and performance and engaged actively in local and national quality improvement activities.

The provider used a dashboard system to collect data from the ward, and this was not burdensome on staff.

The manager had access to information to support them with their management role. This included information on the performance of the service, staffing and patient care and was readily available in a dashboard.

Information was in an accessible format, and was timely, accurate and identified areas for improvement.

Engagement – low secure wards for rehabilitation

The manager engaged actively other local health and social care providers to ensure that an integrated health and care system was commissioned and provided to meet the needs of the local population. The manager from the service participated actively in the work of the local transforming care partnership.

The provider worked closely with and engaged both regional and local mental health NHS trusts to complete ward self-assessments. The wards worked closely with commissioners and the local transforming care partnership.

Learning, continuous improvement and innovation – low secure wards for rehabilitation

The wards all had a quality improvement plan in place and outcomes from audits were included in these.

Leadership – medium and low secure wards for people with learning disability and autistic people

Leaders had the skills, knowledge and experience to perform their roles. They had a good understanding of the services they managed and were visible in the service and approachable for people and staff.

The leadership, governance and culture of the ward did support the delivery of high-quality care. All leaders had the necessary experience, knowledge, capacity, capability and integrity to lead effectively.

Requires Improvement

Forensic inpatient or secure wards

Senior leaders were working to improve their visibility and communication with frontline staff by holding regular drop-in sessions for staff to attend. They told us they were proud of the work that had been delivered in the service over the last eight months. The leadership structure had been broadened with two specialist learning disability trained specialists and quality matrons alongside these roles. The service had the right people in the right place. Senior leaders had support from the board to continue to develop the service.

Vision and strategy – medium and low secure wards for people with learning disability and autistic people

Staff knew and understood the provider's vision and values and how they were applied to the work of their team.

The service strategy was well laid out and clear. The service worked closely with other providers to share learning and improvement.

All staff interviewed were aware of the providers' vision and values and were able to describe these in practice. Staff informed us that the provider was currently developing a new five-year strategic pathway.

We were pleased to hear that a permanent post was now in place for a lead Freedom to Speak up Guardian and we heard the vision to develop further the awareness for staff on the role and how to speak up.

The provider had a clear vision for the direction of the service that demonstrated ambition and a desire for people to achieve the best outcomes possible.

Managers set a culture that valued reflection, learning and improvement. They were receptive to challenge and welcomed fresh perspectives.

All staff we spoke with knew the vision and values of the service and we found they were in a folder for all staff along with feedback forms and via forums. Staff were also involved in the development and review of the vision and values via 'lead the change'. This was led by healthcare assistants.

Culture – medium and low secure wards for people with learning disability and autistic people

Staff felt respected, supported and valued. They said the service promoted equality and diversity in daily work and provided opportunities for development and career progression. They could raise any concerns without fear.

The service had adopted a '6'C's culture change' project across the service, which had been initiated in another part of the hospital. The overall and aims was 'to improve culture and enable a culture where people and carers feel safe and well looked after, feel respected and listed to; staff feel valued and respected and the service listens and learns from feedback from those who use services'. The project aimed to empower and support staff to provide regular feedback to avoid closed cultures. The project had six key areas of focus, including communication, clinical model, care plans, clear and careful risk assessments, correct recording and cleanliness and estates. We saw this had been significant progress since our last inspection.

Safe calls (a way for staff to raise concerns to senior leaders) had dropped to two to three a week compared to ten a week. Staff were encouraged to speak up, have openness, transparency and challenge bad practice. Weekly senior management meetings were carried out to review safe calls.

Requires Improvement

Forensic inpatient or secure wards

Staff were easily moved to other wards to support colleagues and their attitude to do so was more willing and collaborative since our last inspection – this promoted good teamwork.

As a result of the '6 C's cultural change project', nurse managers were being upskilled and had development plans. There was more flexibility for managers to move staff across wards to meet the needs of people, without staff objection (compared to previous inspections). Staff told us they were able to speak up and raise their concerns and saw changes in the service had been positive.

There was a staff wellbeing employee assistance program whereby staff had access to a qualified psychologist they could speak to. The clinical lead director told us this system was effective when there had been incidents in the past and staff felt well supported.

Governance – medium and low secure wards for people with learning disability and autistic people

Our findings from the other key questions demonstrated that not all governance systems and processes operated effectively at team level and that performance and risk were managed well.

Governance systems and processes were not always effective as the clinic room checks completed by staff on Berry ward did not identify missing equipment. It was identified that there was no tendon hammer or dressing trolley on the ward.

Two out of four cupboards in the laundry room on Berry ward with washing powder and liquid conditioner were left open. This had not been identified on the environmental ward checks.

Environmental checks did not identify missing items or dirty equipment on Berry and Fern wards. The checks were not effective to notice the therapy kitchen on Sunley ward was not fit for purpose.

The checks of seclusion rooms did not identify a potential ligature risk in the Seclusion room on Berry ward.

We saw an improved and stronger governance structure from ward to the board since our last inspection. Clinical governance meetings at service level escalating up to board level, safety huddles, staff meetings and handovers had improved. There were also additional clinical safety risk meetings. Changes that managers had achieved included a review of the management structures and we were told that there was stronger clinical leadership on the wards. The provider had embedded clear governance structures within the directorate. These included clinical governance forums both at ward and division level. It was evident that there had been an improvement in governance arrangements within the service, which was still in the early stages of being implemented.

Management of risk, issues and performance – medium and low secure wards for people with learning disability and autistic people

Teams had access to the information they needed to provide safe and effective care and used that information to good effect.

There were computers available to all staff, which had the electronic patient record system on them. All staff had training for the use of the computers, and everyone had their own login, but not their own laptop. Staff have access to a dashboard to view My Voice feedback. They could use it to manage risk, highlight issues and performance.

Requires Improvement

Forensic inpatient or secure wards

In July 2022 a new time and attendance system called 'Allocate' was to be introduced to help with the rostering tool and calculate attendance, sickness, leave and acuity needs. Senior staff used dashboards to review performance data across the service and each monthly clinical governance meeting reviewed each dashboard in a structured meeting where all key performance areas were discussed. Actions were noted where needed and these actions were assigned to specific staff to report back on each moth until resolved.

Risk registers were reviewed at clinical governance meetings on a monthly basis. Top ten risks were highlighted, reviewed and discussed at each meeting. There was opportunity to escalate or de-escalate risks or remove them if necessary.

Information management – medium and low secure wards for people with learning disability and autistic people

Staff collected analysed data about outcomes and performance and engaged actively in local and national quality improvement activities.

Managers actively collected and reviewed ward performance data. Managers told us about the ward safety dashboard, key performance indicators and results from clinical audits. The service also engaged in a number of quality improvement activities based on national quality improvement methodologies.

Dashboards were reviewed monthly at clinical governance meetings to review key performance targets.

Engagement– medium and low secure wards for people with learning disability and autistic people

Managers engaged actively other local health and social care providers to ensure that an integrated health and care system was commissioned and provided to meet the needs of the local population. Managers from the service participated actively in the work of the local transforming care partnership.

The provider had strong links with several other providers including other mental health trusts as part of an East Midlands Mental Health Alliance The service was part of the local strategic partnership and held ongoing engagement meetings with the local NHS Foundation Trust.

Learning, continuous improvement and innovation– medium and low secure wards for people with learning disability and autistic people

The service was actively engaged in quality improvement programmes using evidenced methodologies. Managers had ensured that the quality improvement initiatives aimed to address areas for improvement as identified by clinical audit and previous Care Quality Commission inspection and engagement meeting recommendations.

St Andrew's Healthcare had engaged with a local mental health trust to support them with quality improvement initiatives, including culture change project, safety improvements and improvements to governance and oversight systems.

Senior managers were keen for us to know about the Change Leader workshops and their Lead the Change newsletters. Both initiatives were designed to develop staff skills and promote implementation of innovation and improvement within the service. Staff we spoke with were aware of these initiatives and said they found the newsletters helpful.

Requires Improvement

Forensic inpatient or secure wards

One health care assistant on Meadow Ward said there was a “leading change group” that had representation across the bands from health care assistants to managers. The focus of the group was to implement changes for better person quality of service, staff retention and staff morale. It linked nurses on the wards for safeguarding, equality and diversity and infection control.

Acute wards for adults of working age and psychiatric intensive care units

Requires Improvement

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

Are Acute wards for adults of working age and psychiatric intensive care units safe?

Requires Improvement

Our rating of safe stayed the same. We rated it as requires improvement.

Safe and clean care environments

The ward was safe, clean well equipped, well furnished, well maintained and fit for purpose. However, furniture in the lounge was worn or torn and posed an infection prevention control risk.

Safety of the ward layout

Staff completed and regularly updated thorough environmental risk assessments of all ward areas and removed or reduced any risks they identified. For example, ensuring doorways into the garden were clear at all times. Staff could observe patients in all parts of the ward.

All wards were male, therefore complied with eliminating mixed sex guidance and there was no mixed sex accommodation.

Staff knew about any potential ligature anchor points and mitigated the risks to keep patients' safe. Closed Circuit Television cameras (CCTV) were in place throughout the ward, grounds and garden. The service had an up to date ligature risk assessment audit. The ward staff had access to body cameras to use in the patient bedroom areas, these could be worn to record any incidents with patients' consent. The recordings were reviewed as part of the multidisciplinary team meeting to manage risks, identify any new risks and inform any investigation work post incident.

Staff had easy access to Personal Infrared Transmitter (PIT) alarms and so could summon assistance as and when required. Staff tested alarms regularly. Patients had easy access to nurse call systems.

Maintenance, cleanliness and infection control

Acute wards for adults of working age and psychiatric intensive care units

Requires Improvement

Ward areas were clean, well maintained, well-furnished and fit for purpose. However, all chairs in the lounge area of the day room were worn or torn and not fit for purpose. This posed an infection prevention and control risk as it would be very difficult to ensure the chairs were appropriately cleaned following contamination. The ward manager told us they would order new furniture.

The microwave in the kitchen was old and worn, although it appeared to be clean inside the door was heavily stained. This posed an infection prevention and control risk as it would be very difficult to ensure the microwave had been appropriately cleaned following use. The ward manager told us a new microwave was going to be ordered. The microwave was taken out of use at the time of our inspection.

We saw a dedicated ward housekeeper working throughout the inspection.

Staff made sure cleaning records were up-to-date and the premises were clean. We reviewed cleaning records and the cleaning audit had an overall compliance of 97%, this was an improvement since the last inspection.

Staff followed infection control policy, including handwashing. Infection prevention and control training was 100% completion at the time of this inspection. During our inspection, we observed all staff were bare below the elbow. Staff followed policy and procedures in line with the current COVID-19 government guidelines.

Staff checked and cleaned the emergency equipment and “I am clean” stickers were visible. There was adequate supply of hand sanitiser, gloves, aprons and masks where needed.

Seclusion room

The seclusion room allowed clear observation and two-way communication. It had a toilet and a clock. There was one patient in seclusion at the time of this inspection. There had been 21 seclusions in a six-month period between November 2021 and April 2022. The average length of time a seclusion lasted was 1,201 minutes (approximately 20 hours). The longest time was 3,570 minutes (59.5 hours), and the shortest time was 180 minutes (three hours). 12 seclusions took place in the day, between 7:30am and 7:30pm. Seven seclusions took place in the hours of a night shift between 7:30pm and 7:30am. Nursing staff carried out appropriate 15-minute observations. Nursing reviews took place every two hours. Nurses completed non-contact physical health checks for patients. Staff tried to engage with some patients, for example, filling in the menu choices or watching an electronic device.

We sampled six seclusion records for this service. We found in the crisis care plans for two patients, they contained the names of other patients and not the named record of the individual concerned. None of the six records of seclusion we reviewed contained evidence that patients had been offered an independent mental health act review. Independent multidisciplinary reviews were not clearly recorded for three patients who were in seclusion for longer than eight hours. One patient who was in seclusion for nearly three days did not get an independent multidisciplinary review until the final day despite being eligible after eight hours. However, staff supported patients to maintain contact with family during their time in seclusion.

We saw evidence that new seclusion room furniture had been ordered and reintegration to the ward plans for patients in seclusion were in place.

Clinic room and equipment

The clinic room was large with plenty of space for clinical procedures, it was fully equipped, with accessible resuscitation equipment and emergency drugs that staff checked regularly.

Staff checked, maintained, and cleaned equipment. We saw up to date cleaning records in place.

Safe staffing

The service had enough nursing and medical staff, who knew the patients and generally had received basic training to keep people safe from avoidable harm.

Nursing staff

The service had enough nursing and support staff to keep patients safe. The service had an establishment of eight registered nurses and 16 healthcare assistants. The manager had recruited enough staff and there was now only two registered nurse vacancies (25%) and no health care assistant vacancies. Levels of sickness were low at 1.5%.

One staff member told us they undertook patient observations for long periods of time without a break. They said staff were not taking breaks following a 1.5-hour set of observations and going straight into another set of 1.5-hour observations without having an adequate break. We saw evidence in one enhanced support observation record, where one staff member undertook three sets of observations on three different patients with no evidence that a break had taken place in-between. This impacted on staff well-being, morale and patient care. This meant observations were not completed in line with policy and guidelines by the National Institute for Health and Care Excellence (NICE).

The manager made sure all bank and agency staff had a full induction and understood the service before starting their shift. We saw during this inspection a bank member of staff being inducted to the ward at the beginning of a shift with a comprehensive handover of all patient risks. Agency usage to fill shifts each month over a four-month period ranged between 0.15% and 0.77% (equivalent to an average of 0.42% of shifts each month).

The service had low turnover rates of 8% in the 12 months prior to this inspection, this was lower than the previous inspection. The manager supported staff who needed time off for ill health.

The manager accurately calculated and reviewed the number and grade of registered nurses, nursing assistants and healthcare assistants for each shift. The ward manager could adjust staffing levels according to the needs of the patients. The service used a system which calculated the staffing numbers based on the acuity of patients on the ward. In addition, a designated bleep holder analysed the staffing three times in a 24-hour period to ensure there was enough staff to meet patient need. The bleep holder was responsible for moving staff between wards if needs were greater in one service. Staffing levels had improved since our previous inspection.

Patients had regular one to one sessions with their named nurse. We saw evidence of this during this inspection. Patients rarely had their escorted leave or activities cancelled, even when the service was short staffed. The ward was supported by an occupational therapist to carry out therapeutic activities. Staff told us that leave was very rarely cancelled due to short staffing numbers.

The ward had enough staff on each shift to carry out any physical interventions safely.

Medical staff

The service had a full-time consultant and two junior doctors, one of the junior doctors was a locum at the time of our inspection. The consultant had been in post since September 2021.

The ward had enough daytime and night-time medical cover and a doctor available to go to the ward quickly in an emergency.

The manager could call locums when they needed additional medical cover. The manager made sure all locum staff had a full induction and understood the service before starting their shift.

Mandatory training

Staff had completed and kept up to date with their mandatory training which was comprehensive and met the needs of patients and staff.

The manager monitored mandatory training and alerted staff when they needed to update their training. The average overall compliance rate for mandatory training on the ward between December 2021 and May 2022 was 97%. One training course, basic life support, was at 55% in May 2022 with 7 out of 16 staff out of date; this meant that not all staff had the skills and competence to carry out their role. However, all qualified staff were trained in intermediate life support. All previous months in the same time period for basic life support were compliant at between 75% and 100% (100% for three consecutive months). However, bank staff were not trained in approved de-escalation and restraint techniques to ensure patients were not exposed to unnecessary risks of harm and abuse. We found bank staff had all received basic breakaway training (breakaway training is physical skills to help separate or break away from an aggressor in a safe manner that does not involve the use of restraint) before working on the ward.

The provider told us the delay in training was due to face to face training during the COVID-19 pandemic not being fully available. The manager had made arrangements to book staff onto training. All permanent staff had been trained in approved restraint techniques; some were not up to date (three out of 25) but were booked on a course to complete refresher training. Where staff are not trained in safe restraint of patients, could increase the risk of possible injury to staff or patients.

Assessing and managing risk to patients and staff

Staff assessed and managed risks to patients and themselves well and followed best practice in anticipating, de-escalating and managing challenging behaviour. Staff used restraint and seclusion only after attempts at de-escalation had failed. The ward staff participated in the provider's restrictive interventions reduction programme.

Assessment of patient risk

Staff completed risk assessments for each patient on admission, using a recognised tool. Staff routinely used the Health of the Nation Outcome Scales (HoNOS) to assess health and social functioning of people with severe mental illness to ensure patients specific needs were met. The multidisciplinary team were all involved in completing patient risk assessments, so all aspects of care and treatment were considered. All care records for patients had up-to-date risk assessments and during ward rounds, staff discussed specific risks to each patient with family involvement.

Management of patient risk

Staff knew about any risks to each patient and acted to prevent or reduce risks. Staff could observe patients in all areas of the ward. All patients had up to date Personal Emergency Evacuation Plans (PEEPS).

Staff followed trust policies and procedures when they needed to search patients or their bedrooms to keep them safe from harm. The ward displayed a list of contraband items and patients were well aware of what was allowed on the ward.

Use of restrictive interventions

The service had used rapid tranquilisation on significantly less occasions than seen at our last inspection. We found rapid tranquilisation had been used between eight and 16 times per month over five consecutive months between November 2021 and April 2022. In comparison, at our last inspection we saw five consecutive months between March 2021 and July 201 rapid tranquilisation had been used between 20 and 50 times each month. Staff monitored the patient's physical health in line with National Institute for Health and Clinical Excellence guidance. Staff had been successful in practices of de-escalation with patients and prevented the need for more invasive interventions. Interventions were well documented, and restrictions had been reduced over time.

Staff understood the Mental Capacity Act definition of restraint and worked within it.

Safeguarding

Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. The ward had a safeguarding lead. The manager ensured staff compliance with safeguarding training. Staff training in safeguarding followed national guidance, in relation to the levels required for particular roles. At the time of the inspection level one and two safeguarding training was at 94% compliance and all staff had completed level three.

All staff we spoke with said they felt confident to raise safeguarding issues with the senior management team. They knew when they should make referrals to the local authority and which safeguarding concerns to report direct to the regulator. They were aware of risks to children who were part of a patient's family or circle of friends and would take action if concerns were raised about their safety as well.

Staff could give clear examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act.

Staff access to essential information

Staff had easy access to clinical information, and it was easy for them to maintain high quality clinical records – whether paper-based or electronic.

We reviewed nine patient records; they were all in electronic format and were comprehensive and all staff could access them easily. They included up-to-date risk assessments, care plans for mental health, physical health and personal evacuation plans. Authorised staff, including bank and agency, could access patient notes.

When patients transferred to a new team, there were no delays in staff accessing their records.

Acute wards for adults of working age and psychiatric intensive care units

Requires Improvement

Medicines management

The service used systems and processes to safely prescribe, administer, record and store medicines. Staff regularly reviewed the effects of medicines on each patient's mental and physical health.

Staff followed systems and processes when safely prescribing, administering, recording and storing medicines. They followed current national practice to check patients had the correct medicines. Medicines records were complete and contained details on dose, when patients received them, and controlled drugs were double checked.

Staff regularly reviewed the effects of medicines on each patient's physical health. However, staff did not always record observations following rapid tranquilisations. One patient was prescribed antipsychotic medicines over a three-day period in seclusion. We could not see evidence of rapid tranquilisation monitoring apart from the completion of non-contact 15-minute nursing observations noting he was breathing. In all other incidents, rapid tranquillisation observations had been completed. Patient observations must be completed following rapid tranquillisation monitoring to monitor the patient's physical health and to detect deterioration. If not completed, staff would not recognise when a patient's health deteriorated following medicines.

Staff stored and managed medicines and prescribing documents in line with the service's policy. There was an up-to-date stock list with all medicines in date and no excess stock. All medicines were stored safely in locked cupboards.

The consultant reviewed patients' medicines regularly and could provide specific advice to patients and carers about their medicines. The consultant reviewed the effects of each patient's medicines on their physical health. The pharmacist gave advice and checked patients' medicines, particularly when their prescription changed. All patients and carers said they were encouraged to say when they experienced any problems with their medicines.

Decision making processes ensured that patient's behaviour was not controlled by excessive and inappropriate use of medicines. The consultant knew which patients were prescribed medicines that could lead to addiction. They described how they monitored those patients and what they would do if they saw any signs a patient was becoming dependent.

The multidisciplinary team reviewed the effects of each patient's medicines on their physical health according to National Institute for Health and Care Excellence guidance.

Track record on safety

The service had a good track record on safety.

Reporting incidents and learning from when things go wrong

The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. The manager investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.

Staff managed patient safety incidents well, we saw a reduction in incidents in the six months leading up to this inspection. The nature of the incidents was fully recorded, along with the contributing factors and the actions staff needed to take to minimise the risk of reoccurrence.

Acute wards for adults of working age and psychiatric intensive care units

Requires Improvement

Staff recognised incidents and reported them appropriately. The manager investigated incidents the manager shared lessons learnt with the whole team. When things went wrong, staff apologised and gave patients honest information and suitable support.

Staff described what incidents to report and how to report them. Incidents in the preceding 24 hours were discussed at the morning management meeting.

Staff reported serious incidents clearly and in line with the providers policy.

Staff were able to describe their responsibilities in relation to duty of candour. They were open and transparent and gave patients and families a full explanation when things went wrong.

The manager debriefed and supported staff after any serious incidents. The manager investigated incidents thoroughly. Patients and their families were involved in these investigations where appropriate.

Staff received feedback from investigation of incidents via regular team meetings. There was clear evidence that changes had been made as a result of feedback.

Are Acute wards for adults of working age and psychiatric intensive care units effective?

Good

Our rating of effective stayed the same. We rated it as good.

Assessment of needs and planning of care

Staff assessed the physical and mental health of all patients on admission. They developed individual care plans which were reviewed regularly through multidisciplinary discussion and updated as needed. Care plans reflected patients' assessed needs, and were personalised, holistic and recovery oriented.

During this inspection the multidisciplinary team told us care plans were reviewed daily at the morning meeting.

We reviewed nine care records. We found none of the nine records we reviewed were individualised. The patient's name was not used, and care plans were not person centred. Care plans did not have evidence of patient involvement and staff did not always offer patients a copy of their care plans or risk assessments. However, we saw that patients received good care, staff knew the needs of the patients well and the lack of recording did not impact on patient care.

Patients were clinically unwell on admission and were unable to talk about their goals and plans for their admission to hospital. The priority on admission was for staff to stabilise mood so a patient could talk about their goals and needs. All the nine care records we reviewed, patients had only been on the unit for a few weeks and were still on high doses of medicines. Where patients were unable to contribute to their care plans, we saw during the ward round, family were involved and gave input into care needs and preferences and staff included these views in the care plan. Family gave views on goals and needs into the care plan, in the absence of the patient voice.

Acute wards for adults of working age and psychiatric intensive care units

Requires Improvement

Staff completed comprehensive physical health care checks and a mental health assessment of each patient either on admission or soon after. Involvement of the patient in formulating these plans was dependent on their mental state. This included an electrocardiogram (ECG), drug screening test, blood tests, blood pressure and temperature. The ward staff completed base line physical observations on all patients daily.

Staff regularly reviewed and updated care plans when patients' needs changed and following a ward round.

Best practice in treatment and care

Staff provided a range of treatment and care for patients based on national guidance and best practice. They ensured patients had good access to physical healthcare and supported them to live healthier lives. Staff used recognised rating scales to assess and record severity and outcomes. They also participated in clinical audit, benchmarking and quality improvement initiatives.

Staff completed a 72-hour care plan on admission and within the first week the named nurse completed the keeping connected, keeping safe, keeping well, keeping healthy care plans. Patients were usually offered a copy of their care plan, if well enough to accept one and staff documented in the patient notes if this had been refused.

Staff provided a range of treatment and care for patients based on national guidance and best practice. This included access to psychological therapies, support for self-care and the development of everyday living skills and meaningful occupation.

Staff supported patients with their physical health and encouraged them to live healthier lives. Staff used health of the national outcome scores to measure the health and social functioning of people with mental illness.

The service participated in clinical audit, benchmarking and quality improvement initiatives. A model of quality service improvement and re-design (QSIR) was followed, and senior leaders met to discuss which ideas from staff could be used in a formal quality improvement projects. A continuous quality improvement template was used on which staff could submit ideas for quality improvement projects. These were reviewed and approved at clinical governance meetings. A continuous quality improvement dashboard kept oversight of projects.

Staff identified patients' physical health needs and dietary needs which were recorded in their care plans. Patients had access to physical health care, including specialists as required, for example podiatry and dentist.

Skilled staff to deliver care

The ward team included or had access to the full range of specialists required to meet the needs of patients on the ward. The manager made sure they had staff with the range of skills needed to provide high quality care. They supported staff with appraisals, supervision and opportunities to update and further develop their skills. The manager provided an induction programme for new staff.

The service had a full range of specialists to meet the needs of the patients on the ward such as occupational therapist, dieticians, speech and language therapist, pharmacists and the physical healthcare team.

The manager ensured staff had the right skills, qualifications and experience to meet the needs of the patients in their care, including bank and agency staff.

The manager supported staff through regular, constructive appraisals of their work. All staff had received an annual appraisal and regular clinical supervision.

The manager recognised poor performance, could identify the reasons and dealt with these with support from the providers human resource team.

The manager gave each new member of staff a full induction to the service before they started work. The manager made sure staff received any specialist training for their role.

The manager made sure staff attended regular team meetings or gave information to those that could not attend, via email. Staff were updated on hospital governance and regional clinical governance, legal, ethical issues, relational security, environmental update, monitoring of clinical information, supervisions, appraisals, service user related issues, training, clinical risk management, therapeutic engagement, safe staffing, medicines management, controlled drugs and service developments.

Multi-disciplinary and interagency teamwork

Staff from different disciplines worked together as a team to benefit patients. They supported each other to make sure patients had no gaps in their care. The ward team had effective working relationships with other relevant teams within the organisation and with relevant services outside the organisation.

Staff held regular multidisciplinary meetings to discuss patients and improve their care.

Staff made sure they shared clear information about patients and any changes in their care, including during handover meetings.

Ward teams had effective working relationships with external teams and organisations, for example clinical commissioning groups and local authority safeguarding teams.

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

Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Health Act Code of Practice and discharged these well. The manager made sure that staff could explain patients' rights to them.

Staff received and kept up to date with training on the Mental Health Act and the Mental Health Act Code of Practice and could describe the Code of Practice guiding principles. Overall, compliance rates with Mental Health Act training were 84%.

Staff had access to support and advice on implementing the Mental Health Act and its Code of Practice.

Staff knew who their Mental Health Act administrators were and when to ask them for support.

The service had clear, accessible, relevant and up-to-date policies and procedures that reflected all relevant legislation and the Mental Health Act Code of Practice.

Patients had easy access to information about independent mental health advocacy and patients who lacked capacity were automatically referred to the service. However, none of the patients in seclusion were offered the support of an Independent Mental Health Advocacy (IMHA).

Staff explained to each patient their rights under the Mental Health Act in a way that they could understand, repeated as necessary and recorded it clearly in the patient's notes each time.

Staff made sure patients could take section 17 leave (permission to leave the hospital) when this was agreed with the Responsible Clinician and/or with the Ministry of Justice.

Staff requested an opinion from a Second Opinion Appointed Doctor (SOAD) when they needed to.

Staff stored copies of patients' detention papers and associated records correctly and staff could access them when needed.

Care plans included information about after-care services available for those patients who qualified for it under section 117 of the Mental Health Act.

The manager and staff made sure the service applied the Mental Health Act correctly by completing audits and discussing the findings.

Good practice in applying the Mental Capacity Act

Staff supported patients to make decisions on their care for themselves. They understood the trust policy on the Mental Capacity Act 2005 and assessed and recorded capacity clearly for patients who might have impaired mental capacity.

There were no Deprivation of Liberty Safeguards applications at the time of this inspection.

Staff received and kept up to date with training in the Mental Capacity Act and had a good understanding of at least the five principles. Overall compliance with Mental Capacity Act training was 84%.

There was a clear policy on the Mental Capacity Act and deprivation of liberty safeguards, which staff could describe and knew how to access.

Staff gave patients all possible support to make specific decisions for themselves before deciding a patient did not have the capacity to do so.

Staff assessed and recorded capacity to consent clearly each time a patient needed to make an important decision.

When staff assessed patients as not having capacity, they made decisions in the best interest of patients and considered the patient's wishes, feelings, culture and history.

The service monitored how well it followed the Mental Capacity Act and acted when they needed to make changes to improve.

Acute wards for adults of working age and psychiatric intensive care units

Requires Improvement

Are Acute wards for adults of working age and psychiatric intensive care units caring?

Good

Our rating of caring stayed the same. We rated it as good.

Kindness, privacy, dignity, respect, compassion and support

Staff treated patients with compassion and kindness. They respected patients' privacy and dignity. They understood the individual needs of patients and supported patients to understand and manage their care, treatment or condition.

We observed staff were discreet, respectful, and responsive when caring for patients. They provided help, emotional support and advice when they needed it.

Staff directed patients to other services and supported them to access those services if they needed help.

All patients we spoke with said staff treated them well and were kind to them.

Staff felt they could raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes towards patients.

Staff followed policy to keep patient information confidential.

Involvement in care

Staff involved patients in care planning and risk assessment when patient's mental health had stabilised. This usually happened within a few weeks of admission. Staff actively sought patients' feedback on the quality of care provided. They ensured that patients had easy access to independent advocates, and this was offered to patients when they were in seclusion.

Involvement of patients

Staff introduced patients to the ward and the services as part of their admission.

Staff made sure patients understood their care and treatment and found ways to communicate with patients who had communication difficulties. For example, easy read versions of information leaflets as well as leaflets and messages displayed in different languages. The ward staff had access to interpreting services.

Staff involved patients in decisions about the service, when appropriate. Patients made suggestions on how the ward was run, for example with ideas of what activities patients would like to be involved in, gave feedback on how to improve the ward environment, suggestions for redecoration, feedback on food and compliments and complaints. This was seen at the weekly community meeting that was chaired by a patient.

Acute wards for adults of working age and psychiatric intensive care units

Requires Improvement

Patients could give feedback on the service and their treatment and staff supported them to do this, the service displayed a “you said” “we did” board in the lounge area, which clearly demonstrated changes had been made based on feedback.

Patient involvement happened when the patient was well enough to engage. Family input was used when the patient was unable to give their views on their needs and goals.

Staff made sure patients had access to advocacy services, we saw this service being used during a ward round with a patient.

Involvement of families and carers

Staff informed and involved families and carers appropriately.

Staff supported, informed and involved families or carers. All four family members or carers we spoke with gave positive feedback about the staff. They said they felt well informed and could always talk to a staff member on the telephone. All the carers we spoke to said this was the best ward their relative had been in and they worried about the care in other services when their relative had to step down as this ward was the most caring and compassionate ward their relative had been in.

We saw family views being considered during ward rounds. Family members had been invited to the meeting to give their views about care and were used as advocates for the patient was too unwell to contribute to their care plans.

Are Acute wards for adults of working age and psychiatric intensive care units responsive?

Good

Our rating of responsive stayed the same. We rated it as good.

Access and discharge

Staff managed beds well. A bed was available when a patient needed one. Patients were not moved between wards except for their benefit. Patients did not have to stay in hospital when they were well enough to leave.

Bed management

The service tried to maintain occupancy below 85%. In the five months between December 2021 to April 2022, occupancy ranged between 60% and 80%. At the time of inspection there were nine patients admitted to the ward (90%).

The manager regularly reviewed length of stay for patients to ensure they did not stay longer than they needed to. The average length of stay was eight to twelve weeks. The manager and staff worked to make sure they did not discharge patients before they were ready.

Staff did not move or discharge patients at night or very early in the morning. The psychiatric intensive care unit always had a bed available if a patient needed more intensive care.

Discharge and transfers of care

The service had one delayed discharge due to appropriate placement needs, in the 12 months prior to this inspection.

The manager monitored the number of delayed discharges. The only reasons for delaying discharge from the service were for clinical reasons.

Staff carefully planned patients' discharge and worked with care the manager and coordinators to make sure this went well.

Staff supported patients when they were referred or transferred between services. The service followed national standards for transfer.

Facilities that promote comfort, dignity and privacy

The design, layout, and furnishings of the ward supported patients' treatment, privacy and dignity. Each patient had their own bedroom with an en-suite bathroom and could keep their personal belongings safe. There were quiet areas for privacy. The food was of good quality and patients could make hot drinks and snacks at any time.

Each patient had their own bedroom, which they could personalise based on risk assessment.

Patients had a secure place to store personal possessions in their bedrooms. Any contraband items were stored in a separate locker.

Staff used a full range of rooms and equipment to support treatment and care. The ward had several rooms to use for one to one time with patients, including a sensory room, a multi faith room and a de-escalation suite.

The service had quiet areas and a room where patients could meet with visitors in private. Patients could make phone calls in private.

The service had an outside space that patients could access easily, with access to raised garden beds for the patient's therapeutic activities.

The service offered a variety of good quality healthy food, snacks were available, and patients could access these as well as drinks when required.

Patients' engagement with the wider community

Staff supported patients with activities at the service, such as work, education and family relationships.

Staff helped patients to stay in contact with their families and carers. Patients had access to technology to enable them to keep in touch with family virtually. We saw during ward round relatives engaging virtually over Microsoft Teams with

patients and members of the multidisciplinary team. This included the consultant, patient's named nurse, social worker, psychologist, occupational therapist and where necessary an advocate, this ensured that the patient could discuss all elements of their care and wellbeing with the family, the consultant and their key named nurse. All patients had use of their own mobile phones. Staff supported the patients to charge their phones.

Staff encouraged patients to develop and maintain relationships both in the service and the wider community. Patients regularly used the shops in the hospital grounds, the gym and the ward garden.

Meeting the needs of all people who use the service

The service met the needs of all patients – including those with a protected characteristic. Staff helped patients with communication, advocacy and cultural and spiritual support.

The service could support and make adjustments for disabled people and those with communication needs or other specific needs.

Staff made sure patients could access information on treatment, local service, their rights and how to complain. Posters were displayed throughout the ward.

The service had information leaflets available in languages spoken by the patients and local community. One patient told us they had had their rights read to them in their spoken language with the help of an interpreter.

The service provided a variety of food to meet the dietary and cultural needs of individual patients. One patient told us the food was excellent with plenty of healthy options.

Patients had access to spiritual, religious and cultural support and a multi faith room was available.

Listening to and learning from concerns and complaints

The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with the whole team and wider service.

We saw evidence of complaints being dealt with at local level by the ward manager, with positive resolution. There had been no formal complaints in the 12 months prior to the inspection.

The service clearly displayed information in patient areas about how to raise a concern. All patients, relatives and carers we spoke to knew how to complain or raise concerns.

Staff understood the policy on complaints and knew how to handle them.

Staff protected patients who raised concerns or complaints from discrimination and harassment.

Are Acute wards for adults of working age and psychiatric intensive care units well-led?

Acute wards for adults of working age and psychiatric intensive care units

Requires Improvement

Requires Improvement

Our rating of well-led improved. We rated it as requires improvement.

Leadership

Leaders had the skills, knowledge and experience to perform their roles. They had a good understanding of the services they managed and were visible in the service and approachable for patients and staff.

The leadership, governance and culture of the ward did support the delivery of high-quality care. All leaders had the necessary experience, knowledge, capacity, capability and integrity to lead effectively.

Improvements were identified and shared within the team. Where changes were made, the impact on the quality and sustainability of care was fully understood in advance or monitored.

We saw that staff satisfaction was good, one member of staff told us that improving staff satisfaction is now seen as a high priority. All staff we spoke to felt actively engaged and empowered.

Staff know who their leaders were and how to gain access to them.

The sickness and absence rate across the ward over a 12-month period was 1.5%.

Vision and strategy

Staff knew and understood the provider's vision and values and how they (were) applied to the work of their team.

The ward displayed the organisational strategy, "relieve suffering, give hope and promote recovery". The ward offered an evidence based clinical model that introduced a number of interventions that increase safety and improves relations between staff and patients, resulting in fewer assaults on staff.

Culture

Staff felt respected, supported and valued. They said the trust promoted equality and diversity in daily work and provided opportunities for development and career progression. They could raise any concerns without fear, this was an improvement since the last inspection.

We saw evidence that culture workshops and training had taken place across the organisation as a response to our last inspection. The Heygate clinical model was adapted to be used in training. This training includes the philosophy, motivational interviews, boundaries, behaviour principles such as compassion focus, therapeutic approaches, managing change and enhanced support.

One staff member told us they felt able to raise concerns. A system was in place where staff could raise concerns. This was called the St Andrews safe call system and when they did one staff told us they were appropriately supported and treated with respect. The service now has a freedom to speak up guardian, this is someone who can provide an alternative route to speak to the ward manager or other supervisors. Their role is independent and impartial and available for all staff to use.

The service shared key messages which prevented a closed culture. (closed cultures are when there is poor culture that can lead to harm, where patients may be at risk of potential, deliberate or unintentional harm including human rights breaches such as abuse) from happening. The service did this through a number of learning interventions, which started with induction of new staff, through to refresher training.

The manager dealt with poor staff performance when needed.

The ward staff sickness and absence rates were similar to the provider target.

Staff had access to support for their own physical and emotional health needs through an occupational health service.

The ward had a care awards initiative to celebrate success and improve the quality of care across the organisations four core values, accountability, compassion, respect and excellence. This award was presented monthly to nominated staff across the division.

Governance

Our findings from the other key questions demonstrated that not all governance processes operated effectively at team level and that performance and risk were managed well.

The arrangements for governance and performance management did not always operate effectively. Leaders in the service had a governance structure which supported effective review of ward performance against key targets, but key audits did not identify errors in seclusion records, and one occasion where a member of staff completed several enhanced observations. Environmental audits did not identify worn and torn furniture and care plan audits did not identify that the patients voice had not been incorporated into care plans or patients had not been given copies of their care plans.

However, we saw a strengthened governance structure since our last inspection. A variety of meetings took place at ward level, at manager level and then at senior leader level. Each meeting had a direct report that was fed up to board. This was an improvement since our last inspection. Meetings included ward huddles, safety meetings, community meetings, incident reviews where triangulation of data occurred. We saw minutes of these meetings which had a standard agenda and minutes showed actions with relevant people assigned.

Overall mandatory training rates for staff were 92% compared to the last inspection when it was 97%. All staff had received an annual appraisal and regular clinical and management supervision. The manager had oversight to ensure these were completed.

The manager advised that clinical audits were undertaken mainly by staff external to the wards. These included medicines, infection control, clinical notes and case tracking. The staff we spoke with did know the outcomes or action plans from audits, they knew how this affected patient care and what improvements could be made.

Acute wards for adults of working age and psychiatric intensive care units

Requires Improvement

Management of risk, issues and performance

Teams had access to the information they needed to provide safe and effective care and used that information to good effect.

The manager maintained and had access to the risk register and staff could escalate concerns in the daily meeting for adding to the risk register. The manager had access to dashboards and data to review performance. Performance of the service was reviewed at clinical governance meetings.

The service had plans for emergencies. For example, fire plans and health emergencies.

Information management

Staff collected analysed data about outcomes and performance and engaged actively in local and national quality improvement activities.

Staff had access to the equipment and information technology needed to do their work. The information technology infrastructure, including the telephone system, worked well and helped to improve the quality of care.

Information governance systems included confidentiality of patient records.

The manager had access to information to support them with their management role. This included information on the performance of the service, staffing and patient care and was readily available in a dashboard.

Information was in an accessible format, and was timely, accurate and identified areas for improvement.

Engagement

The manager engaged actively other local health and social care providers to ensure that an integrated health and care system was commissioned and provided to meet the needs of the local population. The manager from the service participated actively in the work of the local transforming care partnership.

Staff, patients and carers had access to up-to-date information about the work of the provider and the services they used.

Patients and carers had opportunities to give feedback on the service via feedback forms to reflect their individual needs.

The ward had a folder with compliments, thank you cards and complaints available for all staff to review. The manager ensured that feedback from patients was listened to and acted on. This was a regular agenda item on the staff meeting, as well as discussed in the morning meeting.

Patients were involved in decision making about changes to the service.

Directorate leaders engaged with external stakeholders, such as commissioners and independent champions for health and social care.

Acute wards for adults of working age and psychiatric intensive care units

Requires Improvement

Learning, continuous improvement and innovation

The ward displayed a College Centre for Quality Improvement (CCQI) Quality Networks and Accreditation Psychiatric intensive care units (QNPICU). This centre for quality improvement supports psychiatric intensive care units, through a process of self and peer review. The last review was in November 2021, seven of the eight standards were met with an overall score of 78%.

Heygate ward is also a member of the National Association of Psychiatric Intensive Care and Low Secure Units (NAPICU). The aim is to develop and promote the speciality of psychiatric intensive care and low secure services with the following aims: to improve patient experience and outcomes, to promote staff support and development, to improve the delivery of care, to audit the effectiveness of care, to promote research and provide best practice guidance in association with national bodies.

Leaders actively encouraged staff to generate ideas which would improve patient care. A model of quality service improvement and re-design (QSIR) was followed, and senior leaders met to discuss which ideas from staff could be used in a formal quality improvement projects.

Long stay or rehabilitation mental health wards for working age adults

Good

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

Are Long stay or rehabilitation mental health wards for working age adults safe?

Requires Improvement

Our rating of safe improved. We rated it as requires improvement.

Safe and clean care environments

All wards were safe, clean well equipped, well furnished, well maintained and fit for purpose.

Safety of the ward layout

Staff completed and regularly updated thorough risk assessments of all wards areas and removed or reduced any risks they identified. We reviewed the risk assessments for all ward which staff reviewed annually.

Staff could observe patients in all parts of the wards.

All wards were male, therefore complied with eliminating mixed sex guidance and there was no mixed sex accommodation.

Staff knew about any potential ligature anchor points and mitigated the risks to keep patients safe. The wards had anti-ligature fittings installed in patient bedrooms and bathrooms and any potential ligature anchor points were mitigated by staff observation.

Staff had easy access to alarms and patients had easy access to nurse call systems.

Maintenance, cleanliness and infection control

Ward areas were clean, well maintained, well-furnished and fit for purpose.

Staff made sure cleaning records were up-to-date and the premises were clean. Staff supported patients to keep their bedrooms clean and tidy.

Staff followed infection control policy, including handwashing and antibacterial hand gel was available on entry to and throughout the wards.

Seclusion room

There was no seclusion room at Berkeley Lodge.

Clinic room and equipment

The clinic room was fully equipped, with accessible resuscitation equipment and emergency drugs that staff checked regularly.

Staff maintained and cleaned equipment. All equipment in the clinic rooms was clean and in working order. The service had added signs to show oxygen was stored in the clinic rooms since the previous inspection. We found staff completed checks of equipment on most occasions. However, we noted the ward did not have an audit to ensure equipment checks were happening.

Safe staffing

The service had enough nursing and medical staff, who knew the patients and received basic training to keep people safe from avoidable harm.

Nursing staff

The service had enough nursing and support staff to keep patients safe. Berkeley Lodge had two nurses and two healthcare assistants during the day.

The service had reducing vacancy rates across most wards. Berkeley Lodge reported a 15% vacancy rate but had covered all shifts with bank staff who knew the patients.

Managers limited their use of bank staff and requested staff familiar with the service.

Managers made sure all bank staff had a full induction and understood the service before starting their shift.

Berkeley Lodge had 0% turnover rates for the 6 months before our inspection.

Managers supported staff who needed time off for ill health. Levels of sickness were reducing. Berkeley Lodge reported the highest sickness levels at 10%.

Managers accurately calculated and reviewed the number and grade of nurses, nursing associates and healthcare assistants for each shift. Managers implemented a multi-disciplinary, evidence-based staffing tool, the Mental Health Optimal Staffing Tool (MHOST), in January 2022, which assessed patient acuity and dependency in order to ensure that ward establishments reflect patient needs. The provider had recently implemented a new system for calculating the

right numbers of staff required, based on the acuity of patient need. This was enhanced with a bleep holder system which reviewed the real time staffing situation in addition to the electronic system. This meant senior staff could move staff to where need indicated it was higher on some wards. Leaders were meeting three times in a 24-hour period to review staffing across all wards. The directorate held a daily morning meeting to review staffing levels and patient acuity.

Ward managers could adjust staffing levels according to the needs of the patients. Ward managers could request additional staff to cover high levels of observations.

Patients had regular one-to-one sessions with their named nurse.

Patients rarely had their escorted leave or activities cancelled, even when the service was short staffed. On average, across the wards, the average weekly activity provided was 34 hours.

The service had enough staff on each shift to carry out any physical interventions safely.

Staff shared key information to keep patients safe when handing over their care to others.

Medical staff

The service had enough daytime and night-time medical cover and a doctor available to go to the ward quickly in an emergency. The service employed a consultant psychiatrist and two specialist doctors who worked across the wards and cover out of hours was provided by an on-call doctor on a rota system.

Managers could call locums when they needed additional medical cover.

Mandatory training

Not all staff on Berkeley Lodge were up to date with their mandatory training. No staff (six out of six) had completed physical health observations (foundation) skills training[NT1] . Whilst all qualified staff had received Immediate Life Support and staff used alarms to call for assistance in the event of an incident, we were not assured that all staff would be able to respond with the right skills to an incident or medical emergency on the ward. All other elements of mandatory training were between 80% and 100% compliance.

The mandatory training programme was comprehensive and met the needs of patients and staff. The programme included 32 separate training packages which were delivered by e-learning and face to face sessions.

Managers monitored mandatory training and alerted staff when they needed to update their training.

Assessing and managing risk to patients and staff

Staff assessed and managed risks to patients and themselves well. They achieved the right balance between maintaining safety and providing the least restrictive environment possible in order to facilitate patients' recovery. Staff followed best practice in anticipating, de-escalating and managing challenging behaviour. As a result, they used restraint and seclusion only after attempts at de-escalation had failed. The ward staff participated in the provider's restrictive interventions reduction programme.

Long stay or rehabilitation mental health wards for working age adults

Good

Assessment of patient risk

Staff completed risk assessments for each patient on admission, using a recognised tool, and reviewed this regularly, including after any incident. We reviewed three care records and found that all patients had a comprehensive risk assessment completed on admission and that these were updated regularly.

Staff used a recognised risk assessment tool. The service used specific, measurable, achievable, realistic and time specific (SMART), which integrated into the patient's electronic health record. Staff also completed specific risks assessment as required, for example the Historical Risk-20 (HCR–20), which is a 20-item structured clinical guide for the assessment of violence risk.

Management of patient risk

Staff knew about any risks to each patient and acted to prevent or reduce risks. We reviewed three care records and saw that all patients had a risk management plan in place.

Staff identified and responded to any changes in risks to, or posed by, patients and updated their risk assessment. This was an improvement since our previous inspection.

Staff could observe patients in all areas of the wards.

Staff followed provider policies and procedures when they needed to search patients or their bedrooms to keep them safe from harm.

Use of restrictive interventions

Levels of restrictive interventions were very low. Staff made every attempt to avoid using restraint by using de-escalation techniques and restrained patients only when these failed and when necessary to keep the patient or others safe. Between December 2021 and May 2022, Berkeley Lodge had not recorded any incidents of restraint.

Staff participated in the provider's restrictive interventions reduction programme, which met best practice standards. The service reviewed all restrictive practice including any interventions as part of the daily morning meeting. The provider had a restrictive practice policy and each ward had a restrictive practice log which staff discussed in ward community meetings and co-produced with patients.

Staff understood the Mental Capacity Act definition of restraint and worked within it.

Safeguarding

Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

Staff received training on how to recognise and report abuse, appropriate for their role. Staff kept up to date with their safeguarding training with 90% of eligible staff having completed safeguarding training level 2 and all eligible staff having completed safeguarding level 3 training. This had improved since our previous inspection and the requirement to improve had been met.

Staff could give clear examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act. We saw an example of a safeguarding referral that had been made following an incident on Spencer South ward.

Staff knew how to recognise adults and children at risk of or suffering harm and worked with other agencies to protect them.

Staff followed clear procedures to keep children visiting the ward safe. Spencer South and Spencer North wards shared a family visit room that was based off the ward, and staff risk assessed visitors before a visit was booked.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. Ward staff worked closely with the service's social workers to identify and safeguarding concerns and make a referral if needed.

Staff access to essential information

Staff had easy access to clinical information, and it was easy for them to maintain high quality clinical records – whether paper-based or electronic.

Patient notes were comprehensive, and all staff could access them easily. The provider used an electronic record system which all staff had easy access to. We reviewed three care records and saw that notes were comprehensive and written in a timely manner.

Records were stored securely.

Medicines management

The service used systems and processes to safely prescribe, administer, record and store medicines. Staff regularly reviewed the effects of medications on each patient's mental and physical health.

Staff followed systems and processes to prescribe and administer medicines safely.

Staff reviewed each patient's medicines regularly and provided advice to patients and carers about their medicines. Staff completed a monthly medicine review as part of the multi-disciplinary review and patients were involved in discussions around their medicines. Staff encouraged patients where risk allowed to self-administer medicines and patients had lockable storage within their bedrooms to keep medicines securely. However, patients did not have a specific care plan for self-administration of medicines.

Staff completed medicines records accurately and kept them up to date.

Staff stored and managed all medicines and prescribing documents safely. The pharmacist completed medicines audits on Berkeley Lodge.

Staff followed national practice to check patients had the correct medicines when they were admitted, or they moved between services.

Staff learned from safety alerts and incidents to improve practice. The provider sent emails out to staff with any safety alerts or incidents.

The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff reviewed medicines regularly and rarely used rapid tranquilisation in response to aggressive behaviour. Staff used the Glasgow Antipsychotic side effect scale to monitor effects of medicines and prevent over medication of patients.

Staff reviewed the effects of each patient's medicines on their physical health according to NICE guidance.

Track record on safety

The service had a good track record on safety.

The service had recorded, over a six-month period, 70 incidents on Spencer South, 25 incidents on Spencer North and 13 incidents on Berkeley Lodge. The majority of incidents were physical or verbal aggression and were rated low or no harm. This was a small increase since the previous inspection where approximately 90 incidents were reported during a six-month time period.

Reporting incidents and learning from when things go wrong

The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.

Staff knew what incidents to report and how to report them. The provider used an electronic system for incident reporting. We reviewed nine incident reports and found that staff had reported incidents appropriately. This was an improvement from the previous inspection where the provider was required to improve.

Staff reported serious incidents clearly and in line with provider policy.

The service had no never events on any wards.

Staff understood the duty of candour. They were open and transparent and gave patients and families a full explanation if and when things went wrong.

Managers debriefed and supported staff after any serious incident, and we saw examples of where managers had made telephone calls to staff to check on their wellbeing after an incident.

Managers investigated incidents thoroughly. Patients and their families were involved in these investigations. We reviewed nine incidents and managers had completed investigations in all cases and these were reviewed with patients at ward round meetings.

Staff received feedback from investigation of incidents, both internal and external to the service. The provider emailed staff with incident information and managers printed a copy for staff to read and sign to confirm they had read.

Long stay or rehabilitation mental health wards for working age adults

Good

Staff met to discuss the feedback and look at improvements to patient care. Managers discussed incident learning at daily morning meetings, and this was fed back to staff in team meetings. An example of learning from incidents was the implementation of a new sharps management process on Spencer South following an incident.

[NT1]When separating out data, this was noted and is now a breach of reg 12. Long stay safe remains RI.

Are Long stay or rehabilitation mental health wards for working age adults effective?

Good

Our rating of effective improved. We rated it as good.

Assessment of needs and planning of care

Staff assessed the physical and mental health of all patients on admission. They developed individual care plans which were reviewed regularly through multidisciplinary discussion and updated as needed. Care plans reflected patients' assessed needs, and were personalised, holistic and recovery oriented.

Staff completed a comprehensive mental health assessment of each patient either on admission or soon after. We reviewed three care records and staff had completed full assessments for all patients on the day of admission. Staff also completed positive behaviour support plans with patients to identify how best to support them. A positive behaviour support plan is an individualised plan which is available to those who provide care and support aimed to reduce patient incidents before they occur by identifying early warning signs and de-escalation techniques. Staff involved patients in developing these plans.

Patients had their physical health assessed soon after admission and regularly reviewed during their time on the ward.

Staff developed a comprehensive care plan for each patient that met their mental and physical health needs. We reviewed three care plans which were all personalised, holistic and recovery oriented.

Staff regularly reviewed and updated care plans when patients' needs changed. Staff reviewed care plans at ward rounds with the patient and multi-disciplinary team.

Best practice in treatment and care

Staff provided a range of treatment and care for patients based on national guidance and best practice. This included access to psychological therapies, support for self-care and the development of everyday living skills and meaningful occupation. Staff supported patients with their physical health and encouraged them to live healthier lives. Staff used recognised rating scales to assess and record severity and outcomes. They also participated in clinical audit, benchmarking and quality improvement initiatives.

Staff provided a range of care and treatment suitable for the patients in the service. The service psychology team delivered groups including dialectical behavioural therapy groups, mindfulness and emotional regulation as well as one-to-one sessions preparing patients for therapy. The occupational therapy team assessed patients' skills and delivered sessions to improve their daily living skills.

Long stay or rehabilitation mental health wards for working age adults

Good

Staff delivered care in line with best practice and national guidance. Staff told us they had a clear model of practice and treatment pathways which consisted of stages of stabilisation, developing coping mechanisms and emotional regulation, and transition to community settings.

Staff identified patients' physical health needs and recorded them in their care plans. We reviewed three care records, and all had identified physical health needs and actions to address these.

Staff made sure patients had access to physical health care, including specialists as required. The provider employed physical health nurses across the site and also had access to specialists including a GP, dentist and physiotherapist.

Staff met patients' dietary needs and assessed those needing specialist care for nutrition and hydration. Staff supported patients to prepare their own meals where risk allowed.

Staff helped patients live healthier lives by supporting them to take part in programmes or giving advice. Staff encouraged patients to participate in physical exercise and had escorted leave visits to the gym and swimming pool.

Staff used recognised rating scales to assess and record the severity of patients' conditions and care and treatment outcomes. Staff used Health of the Nation Outcome Scales to monitor outcomes for patients. Occupational therapy outcome measures were updated every six months to assess progression.

Staff took part in clinical audits, benchmarking and quality improvement initiatives. The provider employed a quality improvement team who completed audits and each ward had a quality improvement plan in place.

Managers used results from audits to make improvements.

Skilled staff to deliver care

The ward teams included or had access to the full range of specialists required to meet the needs of patients on the wards. Managers made sure they had staff with the range of skills needed to provide high quality care. They supported staff with appraisals, supervision and opportunities to update and further develop their skills. Managers provided an induction programme for new staff.

The service had access to a full range of specialists to meet the needs of the patients on the ward including a consultant psychiatrist, specialist doctors, psychologists, occupational therapists and social workers.

Managers ensured staff had the right skills, qualifications and experience to meet the needs of the patients in their care, including bank and agency staff.

Managers gave each new member of staff a full induction to the service before they started work and staff completed specific training on working in low secure services that included therapeutic approaches, compassion focused staff support and relationship boundaries.

Managers supported staff through regular, constructive appraisals of their work. All staff had received an appraisal.

Managers supported staff through regular, constructive clinical supervision of their work and 100% of staff had received supervision in the month prior to inspection. Staff also attended reflective practice sessions delivered by psychologists.

Managers made sure staff attended regular team meetings or gave information from those they could not attend. Managers held monthly team meeting as well as daily planning meetings each morning.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge.

Managers made sure staff received any specialist training for their role. On Berkeley Lodge, the consultant delivered weekly specialist training for continuous personal development including sessions on the cycle of change, working with patients who experience psychosis, and Safewards.

Managers recognised poor performance, could identify the reasons and dealt with these. The provider had a policy on managing poor performance and managers gave examples of when they had used these policies.

Multi-disciplinary and interagency teamwork

Staff from different disciplines worked together as a team to benefit patients. They supported each other to make sure patients had no gaps in their care. They had effective working relationships with staff from services providing care following a patient's discharge.

Staff held regular multidisciplinary meetings to discuss patients and improve their care. Staff held ward rounds every two weeks to meet with patients and discuss their care.

Staff made sure they shared clear information about patients and any changes in their care, including during handover meetings.

Ward teams had effective working relationships with other teams in the organisation. The ward teams worked well together and covered staffing gaps where possible. Staff had good working relationships with the physical health team, social work team and quality improvement team.

Ward teams had effective working relationships with external teams and organisations including commissioners and care co-ordinators.

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

Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Health Act Code of Practice and discharged these well. Managers made sure that staff could explain patients' rights to them.

Staff received and kept up to date with training on the Mental Health Act and the Mental Health Act Code of Practice and could describe the Code of Practice guiding principles with 100% of staff on Berkeley Lodge having completed up to date training.

Staff had access to support and advice on implementing the Mental Health Act and its Code of Practice. Staff were aware of who to contact for advice with any Mental Health Act queries.

Staff knew who their Mental Health Act administrators were and when to ask them for support.

Long stay or rehabilitation mental health wards for working age adults

Good

The service had clear, accessible, relevant and up-to-date policies and procedures that reflected all relevant legislation and the Mental Health Act Code of Practice.

Patients had easy access to information about independent mental health advocacy and patients who lacked capacity were automatically referred to the service. The service displayed details about advocacy services on the wards and the advocate visited weekly.

Staff explained to each patient their rights under the Mental Health Act in a way that they could understand, repeated as necessary and recorded it clearly in the patient's notes each time.

Staff made sure patients could take section 17 leave (permission to leave the hospital) when this was agreed with the Responsible Clinician and/or with the Ministry of Justice.

Staff requested an opinion from a Second Opinion Appointed Doctor (SOAD) when they needed to.

Staff stored copies of patients' detention papers and associated records correctly and staff could access them when needed.

Informal patients knew that they could leave the ward freely and the service displayed posters to tell them this.

Care plans included information about after-care services available for those patients who qualified for it under section 117 of the Mental Health Act.

Managers and staff made sure the service applied the Mental Health Act correctly by completing audits and discussing the findings.

Good practice in applying the Mental Capacity Act

Staff supported patients to make decisions on their care for themselves. They understood the provider's policy on the Mental Capacity Act 2005 and assessed and recorded capacity clearly for patients who might have impaired mental capacity.

Staff received and kept up to date with training in the Mental Capacity Act and had a good understanding of at least the five principles. 100% of staff had completed up to date training and staff we spoke with understood the guiding principles.

There was a clear policy on Mental Capacity Act and Deprivation of Liberty Safeguards, which staff could describe and knew how to access.

Staff knew where to get accurate advice on the Mental Capacity Act and Deprivation of Liberty Safeguards. Staff were aware of who to contact if they had any queries about the Mental Capacity Act.

Staff gave patients all possible support to make specific decisions for themselves before deciding a patient did not have the capacity to do so.

Long stay or rehabilitation mental health wards for working age adults

Good

Staff assessed and recorded capacity to consent clearly each time a patient needed to make an important decision. We reviewed 17 care records and saw evidence that staff had completed capacity assessments where required.

When staff assessed patients as not having capacity, they made decisions in the best interest of patients and considered the patient's wishes, feelings, culture and history.

The service monitored how well it followed the Mental Capacity Act and made and acted when they needed to make changes to improve.

Are Long stay or rehabilitation mental health wards for working age adults caring?

Good

Our rating of caring stayed the same. We rated it as good.

Kindness, privacy, dignity, respect, compassion and support

Staff treated patients with compassion and kindness. They respected patients' privacy and dignity. They understood the individual needs of patients and supported patients to understand and manage their care, treatment or condition.

Staff were discreet, respectful, and responsive when caring for patients. We observed staff interactions with patients and saw they were responsive and respectful. Patients told us staff were respectful and always knocked before entering bedrooms.

Staff gave patients help, emotional support and advice when they needed it.

Staff supported patients to understand and manage their own care treatment or condition. Staff encouraged patients where appropriate to manage their own medicine administration and patients understood their treatment goals.

Staff directed patients to other services and supported them to access those services if they needed help.

Patients said staff treated them well and behaved kindly. All patients we spoke with us staff were kind, respectful and genuinely caring.

Staff understood and respected the individual needs of each patient.

Staff felt that they could raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes towards patients.

Staff followed policy to keep patient information confidential.

Involvement in care

Long stay or rehabilitation mental health wards for working age adults

Good

Staff involved patients in care planning and risk assessment and actively sought their feedback on the quality of care provided. They ensured that patients had easy access to independent advocates.

Involvement of patients

Staff introduced patients to the ward and the services as part of their admission. Staff gave newly admitted patients a tour of the ward on arrival and gave them an information leaflet about the wards.

Staff involved patients and gave them access to their care planning and risk assessments. We reviewed three care records and saw that patient views were recorded in care plans and positive behaviour support plans. Patients told us they had not been given a copy of their care plan but that they knew what their care plan goals were.

Staff made sure patients understood their care and treatment. Patients were involved in discussion about their care and treatment in care plan review meetings.

Staff involved patients in decisions about the service, when appropriate. Staff held weekly community meetings where they encouraged patients to lead and make suggestions about service improvements.

Patients could give feedback on the service and their treatment and staff supported them to do this. Patients could give feedback in community meetings and in the monthly provider patient forum.

Staff supported patients to make decisions on their care. Patients told us they were involved in discussions about their care including medication and self-administration.

Staff made sure patients could access advocacy services. Patients could access an independent mental health advocate who visited the ward weekly.

Involvement of families and carers

Staff informed and involved families and carers appropriately.

Staff supported, informed and involved families or carers. Staff invited families and carers to attend care plan reviews either virtually or in person.

Staff helped families to give feedback on the service. The provider held a carers forum for families and carers to provide feedback on the service.

Are Long stay or rehabilitation mental health wards for working age adults responsive?

Good

Our rating of responsive improved. We rated it as good.

Access and discharge

Long stay or rehabilitation mental health wards for working age adults

Good

Staff planned and managed patient discharge well. They worked well with services providing aftercare and managed patients' move out of hospital. As a result, patients did not have to stay in hospital when they were well enough to leave.

Managers regularly reviewed length of stay for patients to ensure they did not stay longer than they needed to. The average length of stay on Berkeley Lodge was 745 days.

Managers and staff worked to make sure they did not discharge patients before they were ready.

When patients went on leave there was always a bed available when they returned.

Patients were moved between wards during their stay only when there were clear clinical reasons, or it was in the best interest of the patient.

Staff did not move or discharge patients at night or very early in the morning.

Discharge and transfers of care

Managers monitored the number of patients whose discharge was delayed, knew which wards had the most delays, and took action to reduce them. Berkeley Lodge did not have any patient whose discharge was delayed.

Patients did not have to stay in hospital when they were well enough to leave.

Staff carefully planned patients' discharge and worked with care managers and coordinators to make sure this went well. We reviewed three care records and saw that discharge planning was recorded.

Facilities that promote comfort, dignity and privacy

The design, layout, and furnishings of the ward supported patients' treatment, privacy and dignity. Each patient had their own bedroom with an en-suite bathroom and could keep their personal belongings safe. There were quiet areas for privacy. The food was of good quality and patients could make hot drinks and snacks at any time. When clinically appropriate, staff supported patients to self-cater.

Each patient had their own bedroom, which they could personalise. All bedrooms were en-suite and single occupancy.

Patients had a secure place to store personal possessions as each patient had a locker in a secure room within the ward.

Staff used a full range of rooms and equipment to support treatment and care. The wards all had enough rooms for patients to use including a kitchen, lounge, dining area as well as activity rooms.

The service had quiet areas and a room where patients could meet with visitors in private.

Patients could make phone calls in private. The wards had a small room with a phone for patients to use and patients were also provided with basic mobile phones that could be used to make calls and send text messages.

The service had an outside space that patients could access easily. The wards all had open access to garden spaces.

Patients could make their own hot drinks and snacks and were not dependent on staff. Berkeley Lodge had a kitchen area for patients to use.

The service offered a variety of good quality food. We spoke with 12 patients who told us the food was good and they had a number of choices.

The provider advised that dieticians recommend that patients follow a healthy diet as and when required due to individual patient care needs.

Patients' engagement with the wider community

Staff supported patients with activities outside the service, such as work, education and family relationships.

Staff made sure patients had access to opportunities for education and work and supported patients. The provider offered a recovery college and Workbridge centre which offered a number of workshops delivering life skills and voluntary work.

The provider had a target of providing 25 hours of activities per week and the average was 33 hours per week engaged in meaningful activity.

Staff helped patients to stay in contact with families and carers. Staff invited family members to care planning reviews where patients consented and provided mobile telephones for patients to maintain contact with their families.

Staff encouraged patients to develop and maintain relationships both in the service and the wider community.

Meeting the needs of all people who use the service

The service met the needs of all patients – including those with a protected characteristic. Staff helped patients with communication, advocacy and cultural and spiritual support.

The service could support and make adjustments for disabled people and those with communication needs or other specific needs.

Staff made sure patients could access information on treatment, local service, their rights and how to complain. Staff displayed information on notice boards on the wards.

The service had information leaflets available in languages spoken by the patients and local community.

Managers made sure staff and patients could get help from interpreters or signers when needed.

The service provided a variety of food to meet the dietary and cultural needs of individual patients. Patients told us they could access food that met their dietary requirements.

Patients had access to spiritual, religious and cultural support.

Listening to and learning from concerns and complaints

Long stay or rehabilitation mental health wards for working age adults

Good

The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with the whole team and wider service.

Patients, relatives and carers knew how to complain or raise concerns. Patients told us they knew how to make a formal complaint and were happy that when they raised concerns informally with staff or in community meetings they were addressed.

The service clearly displayed information about how to raise a concern in patient areas and this was included in the ward information leaflet given to patients.

Staff understood the policy on complaints and knew how to handle them. The provider had a central complaints team who reviewed complaints and managed the process. There were no complaints made in the previous 6 months before our inspection.

Managers investigated complaints, there had not been enough complaints to analyse themes, but complaints were discussed in the ward daily meeting.

Staff protected patients who raised concerns or complaints from discrimination and harassment. Patients told us they felt safe to raise concerns with staff.

Managers shared feedback from complaints with staff and learning was used to improve the service.

The service used compliments to learn, celebrate success and improve the quality of care. The service received three compliments about the service on Berkeley Close in May 2022.

Are Long stay or rehabilitation mental health wards for working age adults well-led?

Good

Our rating of well-led improved. We rated it as good.

Leadership

Leaders had the skills, knowledge and experience to perform their roles. They had a good understanding of the services they managed and were visible in the service and approachable for patients and staff.

Local leaders at ward and directorate level had good knowledge and understanding of the service they managed and were visible on the ward for staff and patients. Staff felt the directorate leads were supportive and caring.

Senior leaders were working to improve their visibility and communication with frontline staff by holding regular drop-in sessions for staff to attend.

Staff did not feel that they were consulted on changes within the service that affected them such as changes to staffing and shifts.

Long stay or rehabilitation mental health wards for working age adults

Good

Vision and strategy

Staff knew and understood the provider's vision and values and how they were applied to the work of their team.

Staff could describe the provider values of Compassion, Accountability, Respect, Excellence and demonstrated these values in their day to day work.

Culture

Staff felt respected, supported and valued. They said the provider promoted equality and diversity in daily work and provided opportunities for development and career progression. They could raise any concerns without fear.

We saw evidence that culture workshops and training had taken place across the organisation as a response to our last inspection. The Heygate clinical model was adapted to be used in training. This training includes the philosophy, motivational interviews, boundaries, behaviour principles such as compassion focus, therapeutic approaches, managing change and enhanced support.

Staff mainly felt respected and supported by their colleagues and managers.

The provider offered development opportunities for staff including nursing qualification for healthcare assistants and ongoing development for nurses.

Governance

Our findings from the other key questions demonstrated that most governance processes operated effectively at team level and that performance and risk were managed well.

Managers had access to performance dashboards that gave them an overview of the ward performance including staffing, mandatory training and supervision compliance. we saw a strengthened governance structure since our last inspection. A variety of meetings took place at ward level, at manager level and then at senior leader level. Each meeting had a direct report that was fed up to board. This was an improvement since our last inspection. Meetings included ward huddles, safety meetings, community meetings, incident reviews where triangulation of data occurred. We saw minutes of these meetings which had a standard agenda and minutes showed actions with relevant people assigned.

The ward held clinical governance meetings monthly and these fed into the directorate level clinical governance meetings. Meetings had a clear agenda of areas for discussion including incidents and learning, complaints, patient and carer feedback, staffing and safeguarding.

Management of risk, issues and performance

Teams had access to the information they needed to provide safe and effective care and used that information to good effect.

Long stay or rehabilitation mental health wards for working age adults

Good

Wards had individual risk registers in place, and these matched the concerns of staff on the ward. Managers could add items onto the risk register when needed. Risk registers were reviewed in clinical governance meetings on a monthly basis and top ten risks were identified. Dashboards for all areas of service delivery and performance were in place and all staff had access to the minutes of clinical governance meetings where performance was shared.

Ward staff had access to the information they needed to provide safe and effective care and used that information to good effect.

Information management

Staff collected analysed data about outcomes and performance and engaged actively in local and national quality improvement activities.

The provider used a dashboard system to collect data from the ward, and this was not burdensome on staff.

The manager had access to information to support them with their management role. This included information on the performance of the service, staffing and patient care and was readily available in a dashboard.

Information was in an accessible format, and was timely, accurate and identified areas for improvement.

Engagement

The manager engaged actively other local health and social care providers to ensure that an integrated health and care system was commissioned and provided to meet the needs of the local population. The manager from the service participated actively in the work of the local transforming care partnership.

The provider worked closely with and engaged both regional and local mental health NHS trusts to complete ward self-assessments. The wards worked closely with commissioners and the local transforming care partnership.

Learning, continuous improvement and innovation

The ward all had a quality improvement plan in place and outcomes from audits were included in these.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance • The provider did not ensure audits were effective to identify concerns and directly improve service delivery. • The provider did not ensure that environmental checks were carried out effectively to highlight gaps in maintenance, cleanliness and infection control.

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment • The provider did not ensure all staff had the right skills and competence to carry out their role and ensure all staff had received mandatory training across all wards. • The provider did not ensure that that all refrigerators intended for patient's use were regularly cleaned, refrigerator cleaning schedules were maintained, and refrigerator temperatures were recorded daily and included any actions taken to correct any discrepancies. • The provider did not ensure that the smell of urine on Cranford ward was identified and removed. • The provider did not ensure that there were sufficient quantities of emergency equipment in the right places to enable staff to respond to patient emergencies in a timely manner. The provider did not ensure all emergency equipment was checked and in full working order in accordance with their medical device's guidance. • The provider did not ensure the safe storage, and audit of medicines on all wards. • The provider did not ensure regular audit checks of clinic rooms were completed on all wards.

This section is primarily information for the provider

Requirement notices

- The provider did not ensure that the equipment used by the service for providing care or treatment to patients was safe for such use and was used in a safe way.
- The provider did not ensure that all staff record physical health observations following rapid tranquilisation as per national guidelines.
- The provider did not ensure that seclusion records included an independent review of the seclusion, and ensured they were personalised.
- The provider did not ensure that staff took regular breaks following a continuous period of observation of two hours or more.
- The provider did not ensure that all bank staff were trained in management and prevention of violence and aggression.
- The provider did not ensure that furniture was in a good state of repair and fit for purpose.

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Treatment of disease, disorder or injury	Regulation 14 HSCA (RA) Regulations 2014 Meeting nutritional and hydration needs • The provider did not ensure the hydration needs of people were met.

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing • The provider did not ensure all staff received regular supervision and appraisal and did not ensure this was recorded effectively.

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983	Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

This section is primarily information for the provider

Requirement notices

Treatment of disease, disorder or injury	• The provider did not ensure the environment was fit for purpose, was well maintained, was safe and clean and was checked regularly.

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Treatment of disease, disorder or injury	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment • The provider did not ensure that they did not using blanket restrictions to control, restrict or prevent patients' actions and that they used a proportionate response based on individual risk assessment to keep patients safe.

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Treatment of disease, disorder or injury	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care • The provider did not ensure that all care plans were personalised or met the needs of patients, in particular to address continence issues. • The provider did not ensure and document that patients had received copies of their care plans.