Good

South West London and St George's Mental Health NHS Trust

Forensic inpatient/secure wards

Quality Report

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Date of inspection visit: 14 – 18 March 2016
Date of publication: 16/06/2016

Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/ unit/team)	Postcode of service (ward/ unit/ team)
RQY01	Springfield University Hospital	Turner Ward	SW17 7DJ
RQY01	Springfield University Hospital	Halswell Ward	SW17 7DJ
RQY01	Springfield University Hospital	Ruby Ward	SW17 7DJ
RQY01	Springfield University Hospital	Hume Ward	SW17 7DJ

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

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

Summary of findings

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

Summary of findings

Ratings

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

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

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

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

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

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

Summary of findings

Contents

Summary of findings

Overall summary

We rated South West London and St George's Mental Health NHS Trust forensic inpatient wards as **good** because:

The wards were clean and safe. Procedures and practices were in place for the management of infection control. Staff of all disciplines had a good understanding of relational security and staff were committed to minimising the use of restraint and seclusion in the service.

Staff assessed risks to patients were on admission, regularly reviewed these and linked them to their plan of care. Staff knew how to protect patients from harm and were knowledgeable about how to recognise signs of potential abuse and the reporting procedures that were in place. There were enough suitably qualified and trained staff to provide care and treatment to a good standard. The multi-disciplinary teams were pro-actively involved in patient care, support and treatment.

Patients had access to a variety of psychological therapies either on a one to one basis or in a group setting. Psychologists, occupational therapists and exercise therapists were part of the multi-disciplinary team and were actively involved as part of their treatment. Both individual clinicians and the senior management team within the service had a good understanding of the effectiveness of the care and treatment, which they delivered.

We saw kind and caring interactions between staff and patients on all the wards. Staff demonstrated a good understanding of patient's individual needs and preferences. Staff made every effort to maximise people's dignity. Patients had access to an independent advocacy service. The majority of patients told us they felt safe.

There were different forums for patients to be consulted on their views and to feed back their experiences about how the service was run. Patients spoke positively about the wide range of therapeutic, educational and physical therapies that were offered. There was a robust complaints procedure in place. Patients knew how to complain. Complaints were responded to according to the trust policy.

Staff were provided with regular supervision, annual appraisals and had access to mandatory and specialist training and training provided within the trust.

Staff were aware of and had a good understanding of the trust's vision and values and how these were implemented in everyday practice. The culture within the service was open and transparent, staff morale was good and Senior managers within the service were visible and accessible to staff and patients.

However:

- Time management practices being used on Halswell and Turner wards were not recognised as seclusion practices and patients subject to these practices did not meet the safeguards set out in the MHA Code of Practice.
- Patients on Halswell, Ruby and Turner wards reported that fresh air breaks did not take place regularly, and that on occasions leave was cancelled due to insufficient staff on duty. There was no evidence that this was being monitored or recorded by the staff.

Summary of findings

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

Are services safe?

Requires improvement

We rated safe as requires improvement because:

- The time management practices being used on Halswell and Turner wards amounted to seclusion. However staff did not recognise this as being the case. They therefore had not put into place the safeguards for seclusion that are set out in the MHA Code of Practice.
- Patients on Halswell, Ruby and Turner wards reported that fresh air breaks did not take place regularly, and that on occasions leave was cancelled due to insufficient staff on duty. There was no evidence that this was being monitored or recorded by the staff.

However:

- Staff managed and responded to changes in identified risks to patients, risks were assessed and reviewed regularly.
- The use of physical restraint was minimised by the use of de-escalation techniques.
- Staff had a good understanding of relational security
- There were sufficient staff on duty to meet the identified needs of patients. Staffing levels and skill mix were planned, implemented and reviewed to keep people safe at all times. Any staff shortages were responded to quickly and adequately.
- Patients received their medicines safely.
- The ward environments were clean and clinic rooms were properly equipped.
- Patients told us they felt safe on the ward.

Are services effective?

Good

We rated effective as **good** because:

- Care plans were, recovery focused and mostly person centred; there was evidence that patients were involved in their care planning.
- Physical health assessments take place on admission, and there was ongoing monitoring of patients physical conditions. Patients had good access to psychological therapies.
- There were a range of professionals working across the wards such as occupational therapists, psychologists, nurses and doctors. The service also had access to exercise therapists, dietician, social workers and arts psychotherapists.

Summary of findings

- Arrangements were in place to support staff by means of clinical and management supervision, appraisal, handovers and team meetings.
- All staff received a trust induction and a further local induction for forensic services.
- The service had developed a pathway to healthcare group, which had enabled patients to access support to improve their physical health.

Are services caring?

Good

We rated caring as **good** because:

- Patients told us that the majority of staff were kind and caring and we also observed positive interactions with patients.
- Staff were knowledgeable and had a good understanding of patients care and treatment needs.
- Advocacy was widely available and publicised across all the wards.
- Regular community meetings took place on the wards, patients were able to give their views and feedback on the services provided.

However:

- Some patients reported that some staff could sometimes be dismissive and rude to them. Senior management were aware of this and were addressing issues on individual wards.

Are services responsive to people's needs?

Good

We rated responsive as **good** because:

- There was a weekly bed management meeting where all referrals and discharges were discussed within a multi-disciplinary team meeting.
- All wards had access to outside space.
- The services catered for patient's individual dietary needs. This included diets that met individual cultural and religious preferences.
- Staff displayed complaints information throughout the service and patients where required were supported to make complaints. Complaints were acknowledged, investigated to and the outcomes made known to the complainant in a timely manner.

Summary of findings

- There were different forums for patients to be consulted on their views and to feed back their experiences about how the service was run. Patients spoke positively about the wide range of therapeutic, educational and leisure activities that were offered.

Are services well-led?

Good

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

- Senior managers were a visible presence on the ward, staff said managers were accessible and approachable.
- There was a clear governance structure in place that supported the safe delivery of the service.
- Staff understood their roles and responsibilities, including accountability. Staff felt respected, valued and supported by the management team and their peers.
- Regular clinical audits were conducted and managers provided feedback to ward teams through staff meetings and learning events to improve performance.
- Staff knew and understood the trust's vision and values.
- Staff were provided with opportunities to develop their management skills.
- A preceptorship programme had been developed for newly qualified nurses.
- The service had developed a virtual court, to allow for more effective court hearings.

Summary of findings

Information about the service

The forensic inpatient/secure wards provided by South West London and St George's Mental Health NHS Trust are part of the trust's specialist services directorate.

We inspected the following forensic wards at the Shaftsbury Clinic at Springfield Hospital.

Turner Ward - 18 beds, men's medium secure

Halswell Ward - 16 beds, men's medium secure

Ruby Ward - 10 beds, women's medium secure

There is also a flat in the medium secure unit that can be used by male or female service users.

We also inspected the following forensic ward in Building 3 at Springfield Hospital.

Hume Ward - 16 beds, men's low secure

Our inspection team

The team who inspected the forensic inpatient wards consisted of one inspector, one Mental Health Act reviewer, one clinical forensic psychologist, one mental health nurse, one expert by experience and a speech and language therapist.

Why we carried out this inspection

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

How we carried out this inspection

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

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

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

During the inspection visit, the inspection team:

- visited all four of the forensic wards and looked at the quality of the ward environment and observed how staff were caring for patients
- spoke with 24 patients who were using the service
- spoke with the managers for each of the wards
- spoke with 38 other staff members; including doctors, nurses, occupational therapists and occupational therapy technicians, exercise therapists, psychologists and psychotherapy staff, administration staff, security manager, safeguarding lead, catering staff and social workers
- Attended and observed the monthly friends and family forum, one staff meeting, one multi-disciplinary meeting and three community meetings.
- Interviewed the service director and clinical director who have responsibility for these services as well as the senior managers within the service.
- Looked at 15 treatment records of patients.
- Looked at 8 medicine administration records.

Summary of findings

- Carried out a specific check of the medicine management on one ward, looked at a range of policies, procedures and other documents relating to the running of the service

What people who use the provider's services say

We spoke to 24 patients during the inspection. Overall patients spoke positively about the forensic service. They told us that in the main staff were kind and caring. Some patients said that a few members of staff had a poor professional attitude towards the patients and spoke in their own language. Patients told us they were involved in the development and review of their care plan, and had excellent access to various groups and therapies offered. Patients spoke very positively about the independent advocacy service they could access. Patients knew how to make a complaint if they wanted to. They knew how to provide feedback to the service.

Good practice

- The service had recently signed up to the restraint reduction network which worked at reducing the use of restraint through policy and practice.
- The service had a virtual court, where patients used video link and conferencing facilities for court and meetings. This meant that patients did not need to attend court. Resources and staff time required to support a patient to attend court were saved.
- The service had developed a physical health forum where patients participated in discussions and planned events to deliver physical health awareness.

Areas for improvement

Action the provider MUST take to improve

- The trust must ensure that the use of 'time out' and 'time management' plans are not used as defacto seclusion practices. Patients who are secluded must have all the safeguards in place as stated in the Mental Health Act code of practice.

Action the provider SHOULD take to improve

- The trust should ensure ligature risk assessments are regularly reviewed.
- The trust should ensure that fresh air breaks and leave are facilitated.
- The trust should monitor and record all cancelled leave.
- The trust should review the use of blanket restrictions on Hume ward.
- The trust should continue to ensure that poor staff attitude is addressed and that patients are treated with respect at all times.
- The trust should review the use of the ward telephone on Halswell ward to ensure the privacy of patients.

South West London and St George's Mental Health NHS Trust

Forensic inpatient/secure wards

Detailed findings

Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
Turner Ward	Springfield Hospital
Halswell Ward	Springfield Hospital
Ruby Ward	Springfield Hospital
Hume Ward	Springfield Hospital

Mental Health Act responsibilities

We do not rate responsibilities under the Mental Health Act 1983. We use our findings as a determiner in reaching an overall judgement about the Provider.

- Training relating to the Mental Health Act was provided at induction and as part of the mandatory training on consent. Staff had a good understanding of their responsibilities under the Mental Health Act and the Mental Health Act Code of Practice. Each ward had a trained MHA authorised officer who was responsible for receipt of section papers and for providing support to the team on Mental Health law.
- We carried out one Mental Health Act review visit as a part of our inspection to the forensic wards, on Halswell ward. We found that detention documents were in order and easily available.
- Patients were being read their rights on admission and these were being repeated at regular intervals, we were told by patients that they had a good understanding of and were exercising their rights to legal advice and appeals.
- An independent mental health advocacy (IMHA) service was available to patients. Information pertaining to detention under the MHA was available.

Detailed findings

Mental Capacity Act and Deprivation of Liberty Safeguards

- The mandatory consent to treatment course incorporated training on the Mental Capacity Act.
- The staff we spoke with showed a good awareness of the Mental Capacity Act (MCA) and the guiding principles and how these were applied in day to day practice.
- Capacity assessments were completed on a decision-specific basis and records viewed confirmed this. Concerns about capacity issues were discussed at the MDT meetings so that decisions where patients lacked capacity were made in the best interest of the individual. Staff were also able to give us examples of when and how they would use the Mental Capacity Act appropriately.
- An independent mental health capacity advocacy (IMCA) service was available to patients.

Requires improvement

Are services safe?

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

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

Our findings

Safe and clean environment

- The medium secure unit had a staffed 24 hour security reception area.
- We noted potential ligature points throughout all four wards. There was a ligature risk assessment with actions to mitigate the risk on each ward. Staff were aware of the ligature risk assessment and told us they felt able to manage individual patient risks through observations. During our inspection ligature risks were identified on Ruby ward that had not been identified previously. Immediate action was taken to manage the risks identified. The ligature risk assessment on Ruby ward did not have a timescale for review. We raised this with the operations manager who said that all ligature audits would have a review timescale included and this would be added to the service risk register.
- The occupational therapy department had carried out a ligature risk assessment which focused on the therapy rooms and the gym area. The risks were managed through staff supervision and observation.
- All wards provided same sex accommodation. None of the bedrooms were en-suite and patients shared bathrooms, toilets and lounge areas.
- Emergency equipment including emergency medicines were available on all wards and this was checked regularly to ensure it was fit for purpose. Clear records were maintained.
- Seclusion facilities were available on each ward. The clock on Halswell ward was not fully visible to patients in the seclusion room. This was addressed promptly on the day of our visit. Staff described the policies and procedures they followed for the seclusion of patients to ensure their safety. However, on Halswell and Turner wards we found that some patients had been confined to their bedrooms for 'time out' as part of an individual 'time management plan'. There was no time management policy and no care plan for this had been completed. Staff had not recognised this as seclusion practices and patients subject to these practices did not meet the safeguards as set out in the MHA Code of Practice.
- Overall we found all four wards to be well maintained, clean and with appropriate furnishings. Staff carried out daily checks of the environment to ensure patients were cared for in a suitable and safe environment. Staff conducted regular audits of infection control and staff hand hygiene to ensure that patients, visitors and staff were protected against the risks of infection.
- The layout of the wards enabled staff to observe the majority of the ward areas. Where observation was restricted, we saw that risk mitigation plans were in place. For example on Hume ward convex mirrors were used in areas where staff did not have clear lines of sight for observing. Records were maintained of the observation checks carried out.
- Each ward had a security nurse on duty that was responsible for monitoring and carrying out security procedures. This included checking the security of the ward environment, garden areas and perimeter fencing. This was completed at regular intervals throughout the day. Security handovers took place at the end of each shift. Where any anomalies were identified an incident form was completed and the security manager for the clinic was notified. Staff of all disciplines had a good understanding of relational security and followed the 'See Think Act' relational security guide.
- All staff working on the wards were issued with a personal alarm, these were checked daily to ensure that they were in working order. Throughout our visit, we saw staff reacting swiftly when alarms were activated.

Safe staffing

- Staffing levels on each ward were in line with the safer staffing initiative. A safe staffing level notice was displayed on each ward showing the numbers of staff on duty with their names and roles clearly indicated. These were reviewed regularly. Ward managers were able to increase staffing when required, for example if the acuity of the ward increased, attending appointments and hearings.

Requires improvement

Are services safe?

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

- There was an active recruitment and retention programme to fill current staff vacancies. Across the service there was a total vacancy rate of 11% between 1 March 2015 and 29 February 2016. This ranged from a vacancy rate of 3% on Halswell ward to 24% on Turner ward. On the 29 February 2016, the service had 12 nursing vacancies out of an establishment of 53.5 and 2 health care assistants out of an establishment number of 52. The highest vacancy levels were on Turner ward with 8 nursing vacancies.
- The total number of substantive staff leavers from the service between 1 March 2015 and 29 February 2016 was 4%. The total staff sickness rate for the same period was 4%.
- Numbers of nursing and nursing assistant staff on shift varied on each ward. Staff confirmed there were sufficient staff on duty. The majority of patients told us that overall there were enough staff on duty. However, some patients told us that escorted leave was occasionally cancelled and fresh air breaks were not always facilitated due to staffing shortages. No records were kept of cancelled leave. In addition to the nursing staff there was a compliment of therapists including occupational, art, dance / movement, exercise and psychotherapist who provided support to individual wards.
- Staff on the wards told us that regular agency and bank staff were used to cover shifts. They told us regular staff who knew the patients were deployed to work in the service. There were arrangements in place to properly induct these staff. Over the period between1 December 2015 and 29 February 2016, 1617 shifts were covered by bank staff, with the highest levels on Turner ward (717) and Halswell ward (691). Agency staff were used to cover 305 shifts. Over the same period, 56 available shifts were not filled by bank staff or agency staff, with the highest level on Ruby ward (26).
- There had been a review of staff skill mix on each ward by the modern matron to ensure that patients were cared for by staff who had the appropriate skills and knowledge. A six-month preceptorship programme was in place to provide support for newly qualified staff nurses.
- Staff confirmed they had received physical intervention training and there were sufficient staff to carry out physical interventions if required. Records viewed confirmed this.
- We observed, and staff and patients confirmed, that there was a qualified nurse present in communal areas of the ward the majority of the time.
- Staff confirmed they had access to mandatory training. Trust data showed that some training such as safeguarding adults and health and safety awareness was above the trust completed target of 95%. There were several areas where completion rates were less than 75%, such as adult basic life support and rapid tranquilisation. Ward managers confirmed they monitored and reviewed individual staff training and addressed poor completion through individual supervision. Additional training was planned to meet training shortfalls.
- Equality and diversity mandatory training had been undertaken by 98% of staff in the service so that they could respond to patients cultural, religious and diversity needs.
- Medical cover was provided through the forensic service during the day and at night, seven days of the week.

Assessing and managing risk to patients and staff

- Patients we spoke with told us they felt safe on the wards.
- Risks to patients were assessed on admission, regularly reviewed and linked to their plan of care. The service used the detailed historical clinical risk management tool to assess the risk of violence and these were updated regularly at ward rounds and care programme approach (CPA) meetings. We attended a CPA meeting and observed patients being involved in their risk management to develop their care plan. The risk assessment process followed recommended good practice by the Department of Health for implementation in forensic and secure settings.
- Staff confirmed they had undertaken training in risk management and were able to contribute to risk management discussions. Staff spoke positively about the support and guidance they had received from the trust's virtual risk management team to manage complex risks presented by individual patients.
- A mapping exercise was undertaken on all anti barricade lock mechanisms and added to the service risk register. Staff told us they had carried out a live simulation exercise to test their response in the event of a barricade incident.

Requires improvement

Are services safe?

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

- Staff reviewed patient risks at each handover and during weekly multi-disciplinary team (MDT) meetings. Risks were also discussed at the weekly bed management meeting and included risk management for patients who were waiting to be admitted to the service. Staff told us that, where particular risks were identified, measures were put in place to ensure the risk was safely managed, for example a patient required increased observation due to the risk of exploitation. Risk assessments we checked were up to date.
- The wards also had established working methods in relational security within monthly team meetings and were measuring and monitoring relational security against established outcomes.
- All the staff we interviewed told us that restraint was only ever used as a last resort and that de-escalation techniques would always be tried before staff used physical intervention techniques. Trust data showed the service had 22 incidents of restraint relating to 13 patients between 1 September 2015 and 29 February 2016. Of these 2 resulted in prone restraints and 1 of these resulted in rapid tranquilisation. The highest number of these occurred on Turner ward. The service had recently signed up to the restraint reduction network which worked at reducing the use of restraint through policy and practice.
- Each episode of restraint was recorded and monitored by members of the MDT and through the clinical governance group. All prone restraints were reviewed and followed up by the proactive physical intervention lead.
- On Halswell and Turner wards, we found some patients had been confined to their bedroom for 'time out' as part of their 'time management plan'. There was no policy available in relation to 'time out' or time management plans and for one patient a care plan on 'time management' was not available. Therefore, patient were at risk of being secluded in their bedrooms with the use of time management plans. The forensic services policy review group was addressing the issue of restrictive practice in relation to the management and consistency with the trust wide approach.
- Procedures for the seclusion of patients in the seclusion room and records relating to recent seclusion of patients showed that reviews by medical and nursing staff were carried out in accordance with the Mental Health Act Code of Practice guidelines. The seclusion suites had intercoms to allow for two way communications.
- Trust data showed the service had 22 incidents where seclusion was used between 1 September 2015 and 29 February 2016. The highest number were on Turner ward (11) and Ruby ward (8). There was no use of long term segregation.
- Staff had undertaken training in safeguarding adults and children up to level 3. They were able to describe the process for identifying and reporting concerns and were able to give examples of types of abuse that may occur. The safeguarding lead for the service tracked the progress of all safeguarding and worked closely with the police, local authority and advocacy services. Each ward had an allocated social worker who was able to follow up safeguarding concerns.
- The service had a search policy and staff described the various levels of search that were carried out depending on the level of security on each ward. This included searches following unescorted leave and random searches. Staff used drug testing kits on an individualised and risk based approach and sniffer dogs as required.
- Staff described the various levels of observations that were carried out on the wards to ensure effective risk management. For example, each ward used a risk rated zoning system which determined the level and frequency of observations of patients by staff. For example where patients were in the red zone the levels of observation were high such as one to one or two to one observations. Staff completed a minimum of hourly checks on patient location and increased this if the risks were greater.
- On Turner ward we observed staff use appropriate de-escalation techniques to reduce potential aggression and patient anxiety. This was carried out sensitively and safely.
- Our pharmacy inspector checked the management of medicines on Halswell ward. They received pharmacy support weekly and patients were provided with information about their medicines. Monthly drug chart audits were completed which looked at omissions, use of rapid tranquilisation, and refusal of doses. Regular medicine reviews took place. The forensic unit was also

Requires improvement

Are services safe?

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

in the process of embedding e-prescribing as a pilot for the trust. There were opportunities for patients to manage their own medication for example on Ruby ward.

- Procedures were in place for patients who wanted to see their children. Each request was reviewed by a social worker and the MDT, a comprehensive risk assessment was carried out to ensure a visit was in the child's best interest. All visits were supervised. A separate family/ child visiting room was available away from the ward areas.

Track record on safety

- There were three serious incidents reported in the last 12 months within the service, two of which were on Turner ward and one on Halswell ward.

Reporting incidents and learning from when things go wrong

- Staff knew how to recognise and report incidents on the trust's electronic recording system. Incidents were reviewed by the ward managers and the operational manager.
- All incidents were discussed and analysed at clinical governance meetings. Serious incidents were reviewed by the serious incident governance group. Any trends identified were discussed in the MDT and ward meetings. Staff were able to explain how learning from incidents was shared via staff bulletins, intranet, emails, pod casts and staff meetings. The service had carried out an Oxford learning event in relation to patients that were absent without leave.
- Staff told us de-brief sessions were offered following incidents. Patients were also offered de-brief sessions. Staff reported they were supported by the staff team and senior managers, when incidents had occurred. Reflective practice sessions took place monthly and were facilitated by a psychologist.
- Staff were open and transparent with patients when things had gone wrong, for example following a medicine error the patient had been given both a verbal and a written apology.

Are services effective?

Good

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

Our findings

Assessment of needs and planning of care

- Multi-disciplinary pre-admission assessments were carried out to ensure the service was suitable. Patients' needs were assessed and care was delivered in line with their individual care plans. Admissions to the forensic inpatient wards were all planned. Urgent assessments took place within 24 hours. All patients had initial care plans in place within 72 hours of admission which were shared with the patient.
- The service had recently implemented a recovery model of care called 'My Shared Pathway' (MSP). This involved patients and staff working together on care planning so that patients have more choice, responsibility and involvement in their care. Patients told us they were aware of their care plans and had been involved in their development and review. Care plans were in the main personalised and recovery focussed. Changes were made following review meetings if necessary.
- All wards used the care programme approach (CPA) for planning and evaluating care and treatment.
- Care records we looked at showed that patients received a physical health assessment within 24 hours of their admission and that risks to physical health were identified and care plans were in place to support patients to manage their health. Physical health checks of all patients were carried out through a system of weekly weight, blood pressure, pulse and temperature monitoring. Where patients refused this was recorded. The wards were using national early warning scores to identify if a patient was physically deteriorating.

Best practice in treatment and care

- Patients had access to a variety of psychological therapies either on a one to one basis or in a group setting. Psychologists, occupational therapists, psychotherapists and exercise therapists were part of the multi-disciplinary team and were actively involved as part of their treatment. Psychological therapies provided were in accordance with those recommended by NICE, such as mentalisation based therapy (MBT) and dialectical behaviour therapy (DBT).
- A wide variety of groups were accessible to patients, these included groups which addressed risk and recovery, drug and alcohol abuse, offending behaviour and partners and relationships group.
- The service had developed a physical health forum which developed physical health awareness events throughout the service for both patients and staff. Successful events on oral hygiene, coronary heart disease, obesity and heart disease had been carried out. Two patients told us they had lost weight, enjoyed the gym work and felt healthier as a result.
- The service is an accredited National Open College Network testing centre and provides a range of educational courses.
- All patients were assessed using the Health of the Nation Outcome Scales. These covered twelve health and social domains and enabled clinicians to build up a picture overtime of their patients' responses to interventions. Recovery outcomes were also measured through the historical clinical risk assessment tool assessments.
- The service was using a number of measures to evaluate the effectiveness of the treatments offered support by audit. These included audits of care plans, medicines, patient, advocacy, compliance with NICE, restrictive practice and physical health checks. These audits were discussed at team business meetings and management meetings.
- In addition the psychological therapists routinely collected systematic outcome measures to demonstrate effectiveness. The occupational therapists used specialist outcome measures to demonstrate patient progress. Exercise therapists routinely measured physical health parameters in sessions. The occupational therapy evidence-based therapeutic programme was reviewed every 12 weeks in response to service user feedback.

Skilled staff to deliver care

- A range of professionals were available to support patients at the service. The staff on all of the wards came from a variety of professional backgrounds, including medical, nursing, psychology, occupational therapy, social work and pharmacy.
- New staff joining the forensic service had a full day induction to the service.

Are services effective?

Good

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

- Staff were supervised, appraised and received appropriate training and professional development. Staff had access to reflective practice sessions facilitated by a medical psychotherapist external to the forensic service. Staff spoke positively about the support they received from managers and the trust to undertake further continued professional development and specialist training such as master degrees, leadership training and vocational qualifications. The forensic service had the highest number of health care assistants who had progressed to nurse training. All staff reported that regular team meetings took place, where they discussed new guidance and training.
- The percentage of non-medical staff that have had an appraisal in the last 12 months was 93.2%.

Multi-disciplinary and inter-agency team work

- Staff told us that the members of the multi-disciplinary team (MDT) worked well together on each ward. The team included medical, nursing, occupational therapy staff, exercise therapists, psychologists and social workers. Each ward had a housekeeping team and administrative support. We observed a MDT team meeting which was inclusive of all the staff who attended and with full patient involvement.
- Handover meetings took place between each shift to discuss any issues that arose during the previous shift and to pass on patient information. Ward doctors also attended morning handover meetings.
- We observed a multi-disciplinary bed management, referral and allocation meeting which was held weekly. All new referrals, discharges and requests for consultation were discussed.
- Staff worked effectively with outside agencies, including the local authority, police, prisons, community and inpatient rehabilitation settings. The service had participated in the pan-London emergency planning event in early 2016. The service worked closely with the forensic outreach team to support people transitioning between inpatient and community services.

Adherence to the MHA and the MHA Code of Practice

- Training relating to the Mental Health Act was provided at induction and as part of the mandatory training on consent. Staff had a good understanding of their responsibilities under the Mental Health Act and the Mental Health Act Code of Practice. Each ward had a trained MHA authorised officer who was responsible for receipt of section papers and for providing support to the team on Mental Health law.
- We carried out one Mental Health Act review visit as a part of our inspection of the forensic wards, on Halswell ward. We found that detention documents were in order and easily available.
- Patients were being read their rights on admission and these were being repeated at regular intervals, we were told by patients that they had a good understanding of and were exercising their rights to legal advice and appeals.
- An independent mental health advocacy (IMHA) service was available to patients. Information pertaining to detention under the MHA was available.

Good practice in applying the MCA

- The mandatory consent to treatment course incorporated training on the Mental Capacity Act.
- The staff we spoke with showed a good awareness of the Mental Capacity Act (MCA) and the guiding principles and how these were applied in day to day practice.
- Capacity assessments were completed on a decision-specific basis and records viewed confirmed this. Concerns about capacity issues were discussed at the MDT meetings so that decisions where patients lacked capacity were made in the best interest of the individual. Staff were also able to give us examples of when and how they would use the Mental Capacity Act appropriately.
- An independent mental health capacity advocacy (IMCA) service was available to patients.

Good

Are services caring?

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

Our findings

Kindness, dignity, respect and support

- With a few exceptions patients spoke positively about the support they received from the staff. Patients spoke about being treated with caring and kindness by the staff and were satisfied with the care they received. We observed positive patient and staff interaction and collaborative working. Some patients told us that a few members of staff had a poor professional attitude towards the patients and spoke in their own language.
- On Turner ward we observed prompt positive interactions by several members of staff when a patient had become agitated and distressed. Staff were calm, listened to the patient and responded appropriately. However, during this time several other patients had gathered in the corridor outside of the office and we saw no support or reassurance provided to them.
- Staff demonstrated a good understanding of patient's individual needs and preferences. Staff made every effort to maximise people's dignity. They spoke to people with care and respect. We observed staff knocking on people's bedroom doors and waited for a response before entering. Each person was able to lock their bedroom door, if they chose, ensuring their privacy was respected.

The involvement of people in the care they receive

- Patients received an introductory handbook on admission to the service. The handbook welcomed patients and gave detailed information about the services offered including working with the MDT, care and treatment options, medicines and activities. One patient told us they had found the handbook useful and had been given a tour of the ward on admission.
- Patients were involved in all aspects of their care planning and recovery. Patients were involved in discussions about their care, contributed to their care plan and review meetings. They confirmed they were offered a copy of their care plan. The majority of care plans included details of the patients' views.
- Patients spoke very positively about the independent advocacy service they could access. They attended community meetings. During a review meeting we observed the advocate providing support to a patient.
- A daily planning meeting took place on each ward meeting to discuss the programme for the day which included activities, visits and attending various therapies.
- There were different forums for patients to be consulted on their views and to feed back their experiences about how the service was run. Weekly community meetings were held where patients were encouraged to feedback on the quality of the service, bring forward new ideas and suggestions for the service. These meetings were minuted and actions were taken from the meetings to be followed up. Each ward had an advocate representative who fed back any issues to the advocacy service. Patients who had auditory hallucinations and other sensory experiences could attend The Voice peer support group which was facilitated by an ex-service user. Patients spoke positively about the group. There was also the Recovery Group which was a forum for patients to provide input into the development of protocols within the forensic service. The group also organised whole service events and invited external speakers, for example, an event on 'pathways to community'.
- Patient representatives from each ward attended the recovery group, which provided feedback and input into service development.
- The service worked co-productively with ex patients in interviewing new staff and being part of the induction process for newly appointed staff. The service was implementing a peer ward visiting programme which was shortly to be piloted on Halswell and Hume wards. Six experts by experience had received training on the programme in partnership with third sector organisations.
- Patients could also provide real time feedback by completing a patient questionnaire on a tablet. Surveys were carried out and information was gathered monthly and reflected in the ward 'heat maps'.
- We observed a friends and family group run by the service. People whose family members had left the service continued to attend as did people who had a family member currently using the service. Feedback from this group led to training being provided to staff about how to welcome people to the service. This training was delivered with family members and a welcome pack was developed as part of this initiative.

Good

Are services responsive to people's needs?

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

Our findings

Access and discharge

- The service provided a forensic service for patients within the trust catchment area. The service accepted admissions from high secure services, other secure units, prisons and the courts. All admissions and discharges to the forensic service are planned. The service has a weekly multi-disciplinary bed management meeting where referrals into the service and discharges from the service were discussed. Patient transfers between wards from medium to low security were reviewed and monitored. Patients were transferred back to higher levels of security when necessary.
- The service had a leavers group for patients who are on the last three months of their discharge pathway to attend. The group addressed issues in relation to community transition and they were invited to come back to the group three months after discharge.
- The service worked closely with the forensic outreach service which supported patients who had been discharged from the inpatient wards into the community.
- Section 117 meetings took place when patients were being discharged to a non-secure environment or to the community. Commissioners of the service were involved in this process.
- The bed management meeting monitored all actual and potential inpatient delayed discharges. Between September 2015 and February 2016 there were no delayed discharges.

The facilities promote recovery, comfort, dignity and confidentiality

- Each ward had a range of rooms including meeting rooms, activities of daily living kitchen, dining room and access to secure outdoor space which was used under staff supervision.
- All wards had shared bathroom, shower and toilet facilities. Hume ward was in a separate building from the Shaftsbury Clinic and was in an older building.
- Patients could access a pay phone which was located in a kiosk for privacy. On Halswell ward staff informed us that patients were also able to use the corded office telephone to make private telephone calls. We observed several patients using the telephone whilst sitting on the corridor floor outside of the ward office doorway, where other patients in the corridor area were able to hear.
- Patients could make hot drinks throughout the day.
- Some patients had personalised their bedrooms and communal areas were as homely as possible. Secure storage for personal possessions was available.Patient's art work was displayed outside of the ward areas.
- There was a good range of activities and groups available to patients on all of the wards throughout the week. Patients told us that fewer activities took place at the weekends and staff on the wards did not always facilitate groups. Both recreational and therapeutic activities were on offer, for example music, art therapy, horticulture, further education, meal preparation and health and fitness. Patients spoke highly of the occupational therapy service and the sessions provided. One to one sessions were provided for those patients who were unable to leave the ward to attend group sessions. Some patients on Hume ward attended the Recovery College which was on the hospital site. Education certificates such as Open College network accredited courses were available for patients to access.
- There was a patient run café which was available two days of the week. Patients prepared and cooked food which was then sold at the café. Where possible patients used seasonal vegetables that had been grown on the onsite allotment/horticulture area. This enabled patients to engage in meaningful activity and gain work experience.
- There was also an externally facilitated choir, which is open to all. Concerts had been held. An annual award 'Oscar' ceremony took place to celebrate people's achievements. In December 2015, the forensic service held an evening exhibition of patient artwork, in conjunction with friends and family open evening.

Meeting the needs of all people who use the service

- Accessible rooms were available across the service for patients with mobility issues.
- Staff undertook equality and diversity training to respond to peoples diverse, cultural, religious and linguistic needs. There was an interpreting service available and a patient confirmed the staff had arranged for an interpreter to explain their rights whilst under detention, as well as their care and treatment.

Good

Are services responsive to people's needs?

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

- Information leaflets on safeguarding, visits to the service and mental health conditions were available and could be requested in an alternative format and language.
- Patients had access to a variety of menu options which met their religious and dietary needs, such as Halal, Kosher and Caribbean diets. We received mixed feedback about the quality of food. The majority of patients told us the food was of good quality. Other comments we received were that portion sizes were small and there was limited choice.
- Local faith representatives visited patients at the service. There was a multi-faith room available for patients to use to support their religious and spiritual needs. One patient confirmed they had regular visits from the chaplain service.

Listening to and learning from concerns and complaints

- There was a complaints procedure on display in each ward. Two patients confirmed they had used the complaints procedure and were satisfied with the response and outcome they had received from the trust following the investigation. Advocacy support was available to support patients to make a complaint . Complaints could be raised through the weekly community meeting and during one to one sessions with their named nurse.
- Patients had made 14 complaints across the service between 1 March 2015 and 29 February 2016, 3 of which were partially upheld and 3 complaints had been referred to the ombudsman.
- All complaints were logged, tracked and reviewed by the service manager and at clinical governance meetings to ensure that learning took place. Commissioners attended these meetings.
- A patient gave an example of how mediation had been used to resolve a complaint about the attitude of a particular staff member.

Are services well-led?

Good

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

Our findings

Vision and values

- Staff were aware of and had a good understanding of the trust's vision and values and how these were implemented in everyday practice. Staff spoke of an open and transparent culture within the service.
- Staff told us they felt valued, respected, could express their views and would be listened to. Staff understood their roles and responsibilities, including accountability.
- Senior managers within the service were visible and accessible to staff and patients. Patients were familiar with the senior managers were in the service and we saw evidence of this during our inspection.

Good governance

- There were strong systems of governance in place across the service to manage quality and safety and information was available in real time on a ward level and to the senior management in the service. Each ward used a 'heat map' which captured key information about ward data including staffing, supervision a variety of audits and training. This enabled the senior management team to have an overview of each ward.
- The service also used a dashboard to monitor the performance of the service against targets agreed with commissioners and to provide information to senior staff in the trust in a timely manner.
- On line incident reporting processes were robust and enabled staff and managers to manage and monitor risk in the service.
- Systems were in place to monitor compliance with the Mental Health Act 1983 and Mental Capacity Act 2005.
- Ward managers confirmed they had autonomy to lead and manage their wards. Administration staff supported the wards with their administration tasks.
- The service had a risk register and ward managers worked with the modern matron and service manager to discuss particular identified risks that needed to be added to the register.

Leadership, morale and staff engagement

- Staff spoke positively about the service and said they enjoyed working for the trust and that morale was good. They said they felt supported to do their job, enjoyed working within the MDT team, and received good support from the ward and senior managers in the service. Staff gave an example where the service manager, clinical director and modern matron had worked over a weekend during a particular challenging period to provide support to the staff team.
- A whistleblowing policy was available to all staff and staff confirmed they knew how to follow it.
- Staff told us they would feel supported to raise concerns without fear of victimisation and managers were understanding, supportive and approachable. A member of staff gave an example of how they had reported concerns about staff attitude and approach to patients and this had been addressed appropriately by managers in the service.
- The majority of staff mandatory training and appraisals were up to date.
- A preceptorship programme had been developed for newly qualified nurses. New nurses we spoke with told us the programme was effective in preparing them for their role.
- Ward managers had the opportunity to undertake leadership development programmes run by the trust or with external organisations.

Commitment to quality improvement and innovation

- The service demonstrated a commitment to quality improvement and innovation. The service was part of the forensic peer network run by the Royal College of Psychiatrists and had a review of their low and medium secure services in November 2015. An action plan was in place to address the recommendations made.
- The service had developed a virtual court, to allow for more effective court hearings.
- The service was committed to implementing the 'My Shared Pathway' recovery model with their patients.
- The service had developed a physical health forum where patients participated in discussions and planned events to deliver physical health awareness.
- The service had recently signed up to the restraint reduction network which worked at reducing the use of restraint through policy and practice.
- The service had led on the development of the trust wide observation and engagement policy and the development of monitoring forms.
- Patients had produced a short animated movie as part of the Horniman project and was available on You Tube.

Are services well-led?

Good

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

- The Voice Peer Support Group had won an award in the 'breaking down barriers' category of the National Service User Awards.
- The service carries out an annual 'Oscars' ceremony to celebrate patients academic achievements. Patients also nominated staff for an award.
- Pieces of patient art work were nominated for the Koestler Trust arts award scheme.

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	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment Service users were not protected from abuse and improper treatment because the provider operated restrictive practice with the use of time management practices, which had not been recognised as seclusion practices. Patients subject to these practices did not meet the safeguards set out in the MHA Code of Practice. **This was a breach of 13(5)(7)(b)**