

# Hertfordshire Partnership University NHS Foundation Trust

## Forensic inpatient/secure wards

### Quality Report

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Date of inspection visit: 27 April to 01 May 2015  
Date of publication: 08/09/2015

### Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/unit/team)	Postcode of service (ward/unit/team)
RWR23	Eric Shepherd Unit	Warren Court	WD5 0HT
RWRF3	Little Plumstead Hospital	Broadland Clinic	NR13 5EW
RWR96	Kingsley Green	Beech Unit 4 Bowlers Green	WD7 9HQ

This report describes our judgement of the quality of care provided within this core service by Hertfordshire Partnership University NHS Foundation Trust. Where relevant we provide detail of each location or area of service visited.

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

Where applicable, we have reported on each core service provided by Hertfordshire Partnership University NHS Foundation Trust and these are brought together to inform our overall judgement of Hertfordshire Partnership University NHS Foundation 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

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# Summary of findings

## Overall summary

We gave an overall rating for long stay/forensic/secure services of 'good' because:

- Senior managers were aware of the risks in their areas and had identified actions to reduce them.
- Staff had risk assessed areas of improvement for wards including high risk ligature points. Staff managed these with relational security measures such as use of observation. Refurbishment work was scheduled for 2015/16 to ensure a safer environment.
- The majority of patients felt safe on their ward and told us that staff reacted promptly to any identified concerns.
- Patients had multi-disciplinary assessments in place and care plans with evidence of physical health checks and monitoring by staff.
- Staff provided a range of therapeutic interventions in line with National Institute for Health and Care Excellence (NICE).
- Staff reported they received support through induction, training, supervision and appraisals and for managers to monitor compliance with this.
- Staff treated patients with respect and dignity and we found patients were encouraged to be involved in their treatment and give feedback on the service provided.
- Units were well equipped to support treatment and care and had links with adult education, vocational and voluntary organisations and encouraged community engagement.
- The trust had governance processes in place to manage quality and safety.

- Managers had data on their area to compare their service with others. Where performance did not meet the expected standard, action plans were put in place.
- Staff were positive about the support they received from their manager and that they felt free to raise concerns and that they would be listened to.
- At Broadland Clinic staff morale appeared lower than at other units. Concerns included the trust consultation relating to staff shift patterns and the electronic staff rota. Managers were aware of these concerns and explained actions taken.
- Peer led assessments took place to improve the quality of the service provided such as from the quality network and Patient-Led Assessments of the Care Environment (PLACE).

However:

- There were nursing vacancies across each site and at Broadland Clinic staff and patients said this had a detrimental effect on the care given. Some professionals reported high caseloads which were above national standards for medium secure units. Patients and staff said the quality of the service provided had been affected by this.
- Improvements were required for seclusion and long term segregation rooms relating to ensure dignity.
- Across sites we observed staff had difficulties locating information on the electronic patient record
- Some improvements were needed relating to the MHA 1983 and MCA 2005 documentation, such as recording discussions regarding consent to treatment and when informing patients of their legal rights.

# Summary of findings

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

### Are services safe?

We rated safe as 'requires improvement' because:

- Staff had risk assessed areas of improvement for wards including high risk ligature points.
- Some improvements were required for seclusion rooms to and ensure dignity.
- There were nursing vacancies across sites and at Broadland Clinic staff and patients said this affected care given such as being able to respond at night to emergencies and opportunities for community leave and activities.
- There was no audit of whether medicines were being omitted.
- Some blanket restrictions for caffeine and cola were in place at different sites and due to mental and physical reasons but these need to be more person centred

However:

- Senior managers were aware of the risks in their areas and had identified actions to reduce risks.
- Staff were managing ligature risk areas with relational security measures such as use of observation. Refurbishment work was scheduled for 2015/16 to ensure a safer environment. Not all wards needed to use seclusion, such as 4 Bowlers Green as they used other de-escalation techniques.
- Security procedures and environmental risk assessments were in place to reduce the risks.
- The majority of patients felt safe on their ward and told us that staff reacted promptly to any identified concerns.
- Actions were being taken to reduce long term segregation and use of restraint where possible
- Staff knew how to report incidents and were encouraged to use the reporting system.

Requires improvement



### Are services effective?

We rated effective as 'good' because:

- Patients had multi-disciplinary assessments in place and care plans with evidence of physical health checks and monitoring by staff.
- Staff outlined ways in which they supported patients to manage their weight and promote healthy eating and living.
- Assessments took place using nationally recognised assessment tools

Good



# Summary of findings

- Staff provided a range of therapeutic interventions in line with National Institute for Health and Care Excellence (NICE), such as cognitive behavioural therapy.
- Most staff reported they received support through induction, training, supervision and appraisals and for managers to monitor compliance with this.
- There was evidence of working with others including internal and external partnership working.

However:

- Across sites we observed staff had difficulties locating information on the electronic patient record and eight staff told us of challenges or frustrations with it
- Some improvements were needed in documentation relating to the MHA 1983 and MCA 2005, such as recording discussions regarding consent to treatment and when informing patients of their legal rights.

## Are services caring?

We rated caring as 'good' because:

- Staff were polite, friendly and willing to help and treated patients with respect and dignity.
- Staff were able to explain how they were supporting patients with a wide range of needs.
- Patients were involved in their care planning and reviews and were able to air their views and where appropriate, their carers were involved.

There were ways to actively collect feedback from patients and their carers on how they felt about the care provided, such as local meetings and surveys.

Good



## Are services responsive to people's needs?

We rated responsiveness as 'good' because:

- The units worked closely with the community teams to ensure that patients who had been admitted were identified and helped through their discharge.
- The units were well equipped to support treatment and care.
- Units had links with adult education, vocational and voluntary organisations and encouraged community engagement.
- There were opportunities for patients to practice and develop their daily living skills.
- A recent activities review had taken place to look at improvements to these core services and a working group was planned to review these.

Good



# Summary of findings

- Patients were encouraged to raise any concerns and there were system for staff to respond to these.

However:

- Patient's privacy and dignity would be affected due to the location of the seclusion room at 4 Bowlers Green off a patient used hallway if used and the long term segregation room at Warren Court, which lacked easy access to washing and toilet facilities.

Managers were monitoring patient's community leave taken and the amount of activities offered. Patients, mostly from Broadland Clinic and staff said they were not enough activities, particularly at weekends. There was no system for monitoring community leave cancellations at hospital level and a senior manager said a system would be developed.

## Are services well-led?

We rated well led as 'good' because:

- The trust had governance processes in place to manage quality and safety.
- Managers had data on their areas to compare their service with others. Where performance did not meet the expected standard, action plans were put in place.
- Units had staff champions to lead and monitor areas further for example on safeguarding.
- Staff were positive about the support they received from their manager and that they felt free to raise concerns and that they would be listened to.
- At Broadland Clinic staff morale appeared lower than at other units. Concerns were raised included the trust consultation relating to staff shift patterns and the electronic staff rota. Managers were aware of these concerns and explained actions taken.
- The process for exit interviews and feedback for staff leaving the service was being reviewed to ensure they were more robust.

Peer led assessments took place to improve the quality of the service provided such as from the quality network and patient-led assessments of the care environment (PLACE).

Good



# Summary of findings

## Information about the service

The trust's long stay/forensic/secure services provided assessment, treatment and rehabilitation for patients with serious, complex and enduring mental health disorders.

The Eric Shepherd learning disabilities secure services comprised of two facilities: medium secure services at Warren Court and low secure services at 4 Bowlers Green.

Warren Court was a 30 bedded unit part based at the Abbots Langley site in Watford. There are five bungalows/wards. Additionally, patients may have challenging behaviour or may have committed an offence.

4 Bowlers Green was a nine bedded male unit on the Kingsley Green site in Radlett.

The Broadland Clinic was a 25 bedded male unit based at Little Plumstead Hospital in Norwich. There are four wards: Hathor, Olive, Vega and Mayflower. Patients have a mild, borderline learning disability who may also suffer from mental health problems or personality disorder.

Beech Unit was a 15 bedded male only low secure unit based at the Kingsley Green site.

Forensic secure services were managed under the learning disability and forensics strategic business unit (SBU).

The Care Quality Commission last inspected the following locations as follows:

- Eric Shepherd Unit on 12 December 2013
- Little Plumstead Hospital on 26 October 2012

No regulatory breaches in the Health and Social Care Act 2008, Regulations 2010 were identified during these inspection visits.

## Our inspection team

Our inspection team was led by:

**Chair:** Dr Peter Jarrett, consultant psychiatrist

**Team Leader:** James Mullins, head of hospital inspection, mental health hospitals, CQC

**Inspection Manager:** Peter Johnson, mental health hospitals, CQC

The team included CQC managers, inspectors, Mental Health Act reviewers, support staff and a variety of specialist and experts by experience that had personal experience of using or caring for someone who uses the type of services we were inspecting.

The team that inspected this service consisted of an expert by experience, a CQC inspector, two Mental Health Act reviewers, a pharmacy inspector, five specialist advisors; two nurses, an occupational therapist, a psychiatrist and a psychologist.

The team would like to thank all those who met and spoke to inspectors during the inspection and were open and balanced with the sharing of their experiences and their perceptions of the quality of care and treatment at the trust.

## Why we carried out this inspection

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

# Summary of findings

## How we carried out this inspection

To get to the heart of people who use services' experience of care, 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 focus groups.

During the inspection visit, the inspection team:

- Visited the four sites, looked at the quality of the unit environment and observed how staff cared for patients.
- Spoke with 41 patients who were using the service.
- Met with a patient at Beech Unit who gave a presentation.

- Met one carer and had contact from another.
- Spoke with 43 staff members; including doctors, nurses, psychology staff, occupational therapy staff, pharmacy staff, a therapist, a mental health act administrator, security staff and students.
- Spoke with five clinical team leaders.
- Interviewed senior managers including two modern matrons, the service line lead and deputy and medical lead.
- Spoke with a chaplain, two advocates, a volunteer, and two staff providing housekeeping services by an independent contractor.
- Collected other feedback from patients such as letters.
- Looked at 27 care and treatment records of patients.
- Carried out a specific check of the medication management on Beech Unit.
- Held a drop in meeting for staff at Broadland Clinic.
- Attended a catering meeting with patients and staff.

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

- During the inspection, we spoke with 41 patients who used the service.
- Staff treated patients with respect and dignity and most patients told us staff were caring.
- Most told us they felt safe and had opportunities to raise any concerns they had. They gave various examples of how staff involved them in care planning and the development of the service.
- An overall increase in satisfaction was reported from 'Have your say' patient survey feedback from October to December 2014 for the learning disability and forensic SBU, which showed 53 compliments and 2 complaints.

## Good practice

- At Broadland Clinic, patient's representatives were attending the quality and risk meeting to give feedback and improve the quality of the service. This meant that patients views were being actively sought to contribute towards service improvement.
- A risk tracker was developed which included assessment for patient's leisure, therapeutic and community activities access. This meant that the trust was able to monitor the range of activities that patients were being offered.

# Summary of findings

## Areas for improvement

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

- The trust must review the effectiveness of their current staff recruitment and retention policy and procedures at Broadland clinic to ensure adequate staffing.

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

- The trust should ensure that actions are taken to remove high risk ligature points for this core service.
- The trust should review its procedures for recording mental capacity and consent to treatment assessments of patients for this core service.

- The trust should review its procedures for documentation relating to The Mental Health Act 1983 and code of practice for this core service.
- The trust should review its seclusion and long term segregation rooms at Warren Court to ensure they are fit for purpose.
- The trust should review its seclusion room at 4 Bowlers Green to consider if it should be decommissioned as it has not been used for two years.
- The trust should review staff's use and training for the electronic patient record to ensure it meets the needs for this core service.

# Hertfordshire Partnership University NHS Foundation Trust

## Forensic inpatient/secure wards

### Detailed findings

#### Locations inspected

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

##### Name of CQC registered location

Warren Court

Eric Shepherd Unit

Broadland Clinic

Little Plumstead Hospital

Beech Unit  
4 Bowlers Green

Kingsley Green

#### 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.

- All patients were detained under MHA 1983. Some were detained under Part III of the MHA 1983 due to having committed a criminal offence.
- 97% of staff had attended Mental Health Act (MHA) 1983 and code of practice training which was refreshed three yearly.
- Staff knew how to contact the MHA office for advice when needed and said that regular audits were carried out throughout the year to check that the Act was being applied correctly.

- We found some challenges locating MHA records as there were paper and electronic patient records. Copies of detention papers were available however at Beech Unit for one patient a renewal of section form was not available. We also found that all medication for mental disorder was authorised, however for one patient there were two forms found and it was not clear which document was currently used..
- The trust had clear procedures in place regarding their use and implementation of the MHA and the code of practice. We noted that the trust seclusion and long term segregation policy required updating to reflect the revised code of practice.

# Detailed findings

- Records showed that staff had systems for informing patients of their rights of appeal against their detention under the section 132 MHA. However the trust pro-forma did not allow for a contemporaneous record of the discussion.
- Independent advocacy services were available and most patients told us they were aware of their rights.
- On Beech Unit, we did not find evidence that copies of leave forms had been given to six patients, the forms have a space for patients to sign but the majority of forms we reviewed were unsigned. On 4 Bowlers Green we found two patients did not have risk assessments for leaving the ward or recorded notes on return.

## Mental Capacity Act and Deprivation of Liberty Safeguards

- 95% of staff had attended The Mental Capacity Act 2005 (MCA) and 85% Deprivation of Liberty safeguards (DoLS) training which was refreshed three yearly. No patients had authorisations for Deprivation of Liberty Safeguards (DoLS).
- We found some examples of MCA assessments for example at 4 Bowlers Green and examples of patients being supported to make decisions and choices. However we had difficulty locating documentation and notes regarding MCA assessments. For example, the trust pro-forma for recording patient's capacity to consent to treatment for mental disorder had been completed. However daily notes did not identify what relevant information was discussed. We were not able to locate evidence of capacity assessments in relation to this at the start of treatment for six patients at Beech Unit.

# 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

## Summary of findings

We rated safe as 'requires improvement' because:

- Staff had risk assessed areas of improvement for wards including high risk ligature points.
- Some improvements were required for seclusion rooms to and ensure dignity.
- There were nursing vacancies across sites and at Broadland Clinic staff and patients said this affected care given such as being able to respond at night to emergencies and opportunities for community leave and activities.
- There was no audit of whether medicines were being omitted.
- Some blanket restrictions for caffeine and cola were in place at different sites due to physical and mental reasons but these need to be more person centred

However:

- Senior managers were aware of the risks in their areas and had identified actions to reduce risks.
- Staff were managing ligature risk areas with relational security measures such as use of observation. Refurbishment work was scheduled for 2015/16 to ensure a safer environment. Not all wards needed to use seclusion, such as 4 Bowlers Green as they used other de-escalation techniques.
- Security procedures and environmental risk assessments were in place to reduce the risks.
- The majority of patients felt safe on their ward and told us that staff reacted promptly to any identified concerns.
- Actions were being taken to reduce long term segregation and use of restraint where possible
- Staff knew how to report incidents and were encouraged to use the reporting system.

## Our findings

### Safe and clean environment

- Staff had risk assessed areas of improvement for wards. For example, a significant number of high risk ligature points were assessed at Warren Court and also were highlighted on the local risk register for March 2015. We reported at our 2013 inspection of the Eric Shepherd Unit that the radiator covers had been removed as part of the clinical risk assessment of the environment and we found at this inspection that these had not yet been replaced. Refurbishment work was scheduled for Warren Court and Broadland Clinic for 2015/16 to update furnishings and ensure a safer environment.
- Managers had developed information for staff on the need to monitor these high risk areas; staff were managing these with relational security measures such as use of observation. 100% of staff had attended ligature awareness training.
- Seclusion rooms and long term segregation rooms were available to manage highly disturbed or high risk patients. Staff advised that they met national standards. At 4 Bowlers Green staff told us the seclusion had not been used for two years and used other de-escalation techniques. It was not apparent that the room was being decommissioned. We found it was difficult to observe all areas of the room and toilet from the 'fish eye' observation peephole. The local risk register identified a risk that access panels in the toilet could pose a self harming/ligature risk to patients. We considered these issues could pose a risk if the room was required for use.
- The mattress at Warren Court seclusion room was low/thin and may be uncomfortable for a patient to use.
- Not all units had clear lines of sight, for example at 4 Bowlers Green. Staff had relational security systems in place to monitor patients and reduce the risk.
- Staff had access to alarms to summon help in case of emergency. Units had designated security staff and had a range of security procedures in place to reduce risks to people, such as restricting some items and searching

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patients on return from leave. Some environmental security checks at Warren Court activities areas were not routinely taking place and we brought this to staff's attention.

- Emergency equipment was in place and checked regularly to ensure that it was fit for purpose and could be used in an emergency.
- Environmental risk assessments were carried out in areas such as health and safety and infection control and prevention. All of the wards were clean and we saw that regular cleaning and audits took place. Where there were any identified areas of improvement an action plan was put in place to address these identified risk areas.
- We found damaged carpet in a staff office at Warren Court which may have posed a trip hazard. Staff said they would take action to address this.

## Safe staffing

- Core staffing levels had been set by the trust. There was no evidence of a patient acuity tool being used to plan staffing levels.
- March 2015 trust data showed 18.3 nurse band 5-8 vacancies with posts actively being recruited to. However we found shortfalls in covering shifts. For example for Broadland Clinic in January 2015, there were 14 occasions when staffing dropped below numbers at night and these were reported as incidents. 10% of shifts were not covered in February 2015 and 15% in March. 16 staff and 12 patients mostly from Broadland Clinic said there were staff shortages. Four staff gave examples of difficulties at night with having enough staff to respond to emergencies, carry out restraints, respond to increase observations and have breaks during a long shift. March 2015 trust data showed 24% overall staff vacancies at Broadland Clinic.
- Senior managers were aware of the risks and we saw issues highlighted on local risk registers. They advised of actions taken to improve staffing including block booking of agency staff to ensure consistency of care. They identified challenges with recruiting band five nurses and referred to this as a national difficulty and increased competition amongst employers. Recruitment and retention processes were reviewed and actions identified. For example mental health practitioner posts were to be piloted at Broadland and

the secondment of healthcare assistants training to become advanced practitioners was being explored elsewhere. We saw that the use of agency was decreasing for example at Broadland Clinic.

- Staff told us there was adequate medical cover day and night and a doctor could attend the ward quickly in an emergency. An on call service was available out of hours including GP access. One consultant was a locum on a fixed term contract and there were recruitment plans. There were two vacant medical trainee posts across Eric Shepherd secure services and senior manager told us there were plans in place to cover this with locums.

## Assessing and managing risk to patients and staff

- The majority of patients felt safe on their ward and told us that staff reacted promptly to any identified concerns. Where patients expressed concerns we saw evidence that these incidents were being managed effectively by the trust. For example through safeguarding and complaint investigations.
- Each patient had an individualised risk assessment and these had been reviewed by the multi-disciplinary team. Risk assessments took into account historic risks and identified where additional support was required. The trust used various risk assessment tools including the historical current risk (HCR 20) and short term assessment of risk and treatability (START) assessment tool as part of their initial and on-going assessment of risk. At Warren Court a specific learning disability risk assessment was used. Risk assessments had been updated to reflect assessed changes in clinical need. We saw evidence of MDT reviews of risks for patients. However one record at Beech Unit did not always document the rationale for actions taken.
- 97% of staff had received safeguarding vulnerable adults and children training. Managers' had systems for tracking and monitoring safeguarding referrals. Staff were aware of their individual responsibility in identifying any individual safeguarding concerns and reporting these promptly. They knew who the hospital and trust's safeguarding leads were.
- Use of restraint, seclusion and long term segregation incidents were closely monitored at patient safety meetings. A review of the use of long term segregation was taking place to identify a way of benchmarking and compare the frequency/use across sites as senior staff had identified some differences of approach. We found

# Are services safe?

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

some difficulties easily locating seclusion records as staff had paper and electronic records. Managers said that plans were in place to ensure electronic patient records held copies of papers documents so staff could access in one place for reference.

- From June 2014 to January 2015, there were 74 restraints; three of these were prone restraint at Broadland Clinic and at Eric Shepherd services. Staff previously had different training to other sites and were receiving training to ensure consistency of approach. Positive behavioural support was highlighted as an area for development in the SBU and a plan to develop this was in place linked with the trust's, 'Making Our Services Safer' (MOSS) group. We found examples of individualised support plans and advance decisions where patients had identified their preferences when they were unsettled regarding the use seclusion and segregation.
- 'See, Think, Act' relational security information were available for staff. Relational, procedural and physical security had been assessed and managed in various ways. For example policies and procedures were in place regarding risk assessment to patient access to information technology devices such as computers and mobile phones. A risk tracker was developed which included assessment for patient's leisure, therapeutic and community activities access.
- Medicines were well managed and wards had pharmacist input. On Beech Unit pharmacists were not involved with medicine reconciliation and we were told of one incident where a diabetic medicine had been missed when the patient was admitted. Medicines reconciliation is the process of obtaining an up to date and accurate medication list that has been compared to the most recently available information and has documented any discrepancies, changes deletions and additions so that the doctor can prescribe accurately. There was no audit of whether medicines were being omitted and no list of critical medicines that must not be missed as recommended by the National Patient Safety Alert rapid response alert 2010. There was no immediate access to adrenaline injection for cardiopulmonary resuscitation although access to other intravenous items was available. Managers had a system for monitoring reported errors relating to medication administration/recording across sites to ensure incidents were reviewed and action taken to minimise the risks of reoccurrence.

- We found examples of business contingency planning. During our visit to Broadland Clinic, staff had difficulties accessing the electronic patient record for a short time and staff managed this and ensured access to key care records. Following occasional electricity power cuts, a response plan was developed at Warren Court.
- Some blanket restrictions across sites were found. For example there were set smoking times for patients. Three patients expressed concerns at this but confirmed times had been negotiated. Managers said this had been reviewed and change's made. At Beech Unit, high sugar cola drinks were restricted; at Warren Court patients told us caffeine was restricted and at 4 Bowlers Green a patients leave was restricted due to physical and mental reasons but these need to be more person centred.
- For patients whose visitors included children, this had been risk assessed to ensure it was in the child's best interest. A separate family room away from the ward was available or visits would be arranged off site.
- Security staff told us they would provide advice and support to multi-disciplinary meetings regarding individual risks.

## Track record on safety

- Staff could raise concerns for the trust risk registers.
- There were two serious incidents at Broadland Clinic in 2014. There were systems for reporting and investigating. Staff detailed actions taken following investigation to reduce the risk of reoccurrence.

## Reporting incidents and learning from when things go wrong

- There was an effective way to capture incidents, near misses and never events. Incidents were reported via an electronic incident reporting form. Staff knew how to report incidents and were encouraged to use the reporting system.
- There was a governance framework which encouraged staff to report incidents. Incidents reviewed during our visit showed that investigations and analysis took place, with actions for staff and sharing within the team.
- Learning notes from incident reviews were shared with staff in trust SBU magazines with themes and actions. Staff supervision and reflective practice learning sessions gave other forums for learning from incidents.

## Are services safe?

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

- Staff were able to explain how learning from incidents was shared with staff via team meetings. Managers and staff gave examples of changes made following incidents.
- Post incident debriefing was available for patients and staff to reflect on incidents and identify actions.

# 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.

## Summary of findings

We rated effective as 'good' because:

- Patients had multi-disciplinary assessments in place and care plans with evidence of physical health checks and monitoring by staff.
- Staff outlined ways in which they supported patients to manage their weight and promote healthy eating and living.
- Assessments took place using nationally recognised assessment tools
- Staff provided a range of therapeutic interventions in line with National Institute for Health and Care Excellence (NICE), such as cognitive behavioural therapy.
- Most staff reported they received support through induction, training, supervision and appraisals and for managers to monitor compliance with this.
- There was evidence of working with others including internal and external partnership working.

However:

- Across sites we observed staff had difficulties locating information on the electronic patient record and eight staff told us of challenges or frustrations with it
- Some professionals had higher caseloads above Royal College of Psychiatrists medium secure unit standards. For example 1.25 WTE psychologists for Broadlands Clinic and one WTE occupational therapist across Eric Shepherd secure services.
- Some improvements were needed in documentation relating to the MHA 1983 and MCA 2005, such as recording discussions regarding consent to treatment and when informing patients of their legal rights.

- Patients had multi-disciplinary assessments and care plans in place. These were regularly reviewed except in one case which we raised with staff. Some nursing staff plans varied in quality.
- There was evidence of physical health checks and monitoring by staff in records and health action plans. However two patient's records at Broadland were not completed. We brought this to staff's attention. At other sites four were not fully completed and two patients had declined checks. Some patients had repeatedly refused an assessment and records did not indicate how this was being progressed with them.
- Some patients were overweight. Staff outlined ways in which they supported patients to manage their weight and promote healthy eating and living. For example, weight and body mass index were being checked; healthy living groups were offered, ward meeting minutes showed staff encouraged healthy eating and were monitoring meal portion sizes and second helpings. Specialist advice from dietetic and gym instructors was available. Managers informed us that patient's mental capacity to make decisions regarding eating and their weight was assessed. We did not see examples. However patients told us they were supported with health issues and staff gave us examples.
- Staff used electronic records and some paper records. We saw evidence that progress was monitored in MDT records and that teams recorded data on progress towards agreed goals in patient's notes. There were electronic patient record staff 'champions'. However across sites we observed staff had difficulties locating information. Eight staff told us challenges or frustrations with the system. Comments included that recording care plans on an electronic system was difficult when some patients needed pictorial information and there was not enough space to document information.

## Best practice in treatment and care

- Assessments took place using nationally recognised assessment tools including the 'Health of the Nation Outcome Scales' and the 'Model of Human Occupation Screening Tool (MOHOST).
- Recovery self-assessment tools such as 'My Shared Pathway' and 'Recovery Star' were used where patients could rate their progress.

## Our findings

### Assessment of needs and planning of care

- Patients had pre admission assessments and care plans developed within 72 hours of arrival.

# 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 provided a range of therapeutic interventions in line with National Institute for Health and Care Excellence (NICE) such as cognitive behavioural therapy, anger management, substance misuse, offence work such as sex offending treatment programmes and diabetes care.
- Staff could request assessment from a speech and language therapist (SALT) for advice and guidance to assist patients with communication difficulties.
- Ward based audits took place for example regarding hand hygiene and record keeping.

## Skilled staff to deliver care

- The teams included nurses, support workers, consultants, speciality doctor, psychology and therapy staff, occupational therapy (OT) staff, social workers and sports staff.
- Three professionals at Broadland Clinic and Eric Shepherd services said more staff was needed to ensure activities and therapies. For example there were two day staff vacancies; one OT had a caseload of 35 people instead of 12-15. There were 1.25 psychologists for 25 patients at Broadland Clinic, which were below national standards for medium secure units. A social worker post was vacant despite advertisement at Beech Unit however some support was available from 4 Bowlers Green.
- As of March 2015 most staff had completed mandatory 'refresher' training identified by the trust Broadland Clinic 81%, Warren Court 87%, 4 Bowlers Green 100%, Beech Unit 98%. Training statistics had slightly reduced as changed as new training had been added. April 2015 data showed much lower attendance at health and safety training across sites.
- New staff had a trust and local induction programme prior to working on the wards.
- Managers told us checks were in place to ensure that any agency staff used had received the required training prior to being booked to work shifts. At Broadland Clinic a staff member told us they could be delays with key security training.
- Staff gave examples given of specialist training offered such as support to undertake Masters and Bachelor degrees and vocational qualifications.
- Regular team meetings took place and staff told us that they felt supported by colleagues and managers and

had supervision and appraisals. Additionally reflective practice learning sessions led by the psychologist were available at some sites. Appraisals data reviewed confirmed this. However we saw some gaps in supervision records across sites indicating the trust standard was not always met. Managers and supervisors told us this was being monitored and actions taken to improve.

- Managers gave examples of working with staff to ensure competencies for example relating to medication administration and recording.

## Multi-disciplinary and inter-agency team work

- Four staff said communication and interdisciplinary with professions could be improved, for example through regular MDT handovers and joint group work. An activities review had taken place which included identifying ways to improve integrated working. We found that nursing staff handovers took place outside 09:00hrs and 17:00hrs due to nursing staff shift patterns posing challenges for other staff to attend.
- Managers reported being able to refer to specialist assessments/treatment for example speech and language therapists (SALT), dentist and opticians as required.
- There was no dedicated medicine information line but staff could contact the pharmacy department with any queries.
- We saw multi-disciplinary team care programme approach (CPA) meetings took place.
- There was evidence of working with others including internal and external partnership working, such as multi-disciplinary working with community mental health and learning disability teams, criminal justice and forensic mental health service, multi-agency public protection arrangements (MAPPA), ministry of justice, police, independent sector and local authority. This ensured a proactive approach to the co-ordinated care of patients.

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

- All patients were detained under MHA 1983. Some were detained under Part III of the MHA 1983 due to having committed a criminal offence.

# 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.

- 97% of staff had attended Mental Health Act (MHA) 1983 and code of practice training which was refreshed three yearly.
- Staff knew how to contact the MHA office for advice when needed and said that regular audits were carried out throughout the year to check the MHA was being applied correctly.
- We found some challenges locating MHA records as there were paper and electronic patient records. Copies of detention papers were available however at Beech Unit for one patient a renewal of section form was not available. We also found that all medication for mental disorder was authorised, however for one patient there were two forms found and it was not clear which document was currently used..
- The trust had clear procedures in place regarding their use and implementation of the MHA and the code of practice. We noted the trust seclusion and long term segregation policy required updating to reflect the revised code of practice.
- Information regarding detention under the MHA was available on all the wards.
- Records showed that patients had systems for informing patients of their rights of appeal against their detention under the MHA section 132 MHA. However the trust form does not allow for a contemporaneous record of the

discussion with the patient about their legal rights, so it is not possible to evidence that patients have been fully informed of all of their rights relevant to the particular section they are detained under.

- Independent advocacy services were available and most patients told us they were aware of their rights.
- On Beech Unit, we not able to find evidence that copies of leave forms had been given to six patients, the forms have a space for patients to sign but the majority of forms we reviewed were unsigned. On 4 Bowlers Green we found two patients did not have risk assessment for leaving the ward or recorded notes on return.

## Good practice in applying the Mental Capacity Act

- 95% of staff had attended The Mental Capacity Act 2005 (MCA) and 85% Deprivation of Liberty safeguards (DoLS) training which was refreshed three yearly.
- We found some examples of MCA assessments for example at 4 Bowlers Green and examples of patients being supported to make decisions and choices. However we had difficulty locating documentation and notes regarding MCA assessments. For example, the trust pro-forma for recording patient's capacity to consent to treatment for mental disorder had been completed. However daily notes did not identify what relevant information was discussed. We could not find documentation regarding capacity assessments at the start of treatment for six patients at Beech Unit.

# Are services caring?

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

## Summary of findings

We rated caring as 'good' because:

- Staff were polite, friendly and willing to help and treated patients with respect and dignity.
- Staff were able to explain how they were supporting patients with a wide range of needs.
- Patients were involved in their care planning and reviews and were able to air their views and where appropriate, their carers were involved.

There were ways to actively collect feedback from patients and their carers on how they felt about the care provided, such as local meetings and surveys.

## Our findings

### Kindness, dignity, respect and support

- Most patients were positive about the support which they received on the ward. Where they had concerns we found that staff had fully investigated their complaints
- We saw good examples of positive staff and patient interaction and individual support. Staff treated patients with kindness and respect and patients confirmed this.
- Staff explained to us how they delivered care to individual patients. This demonstrated that they had a good understanding of their specific care and treatment needs of patients.

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

- Staff told us they were proud about their work and how they encouraged patient involvement. This was evidenced as patients appeared empowered to talk to the inspection team about their experiences of care and treatment.
- Examples of involving patients in their care and treatment included use of recovery self-assessment

tools, involvement in collaborative risk assessment and HCR20 assessments, completion of patient interest checklist, OT goals and the development of advance decisions.

- Other examples included, patient representatives attended the quality and risk governance meeting influencing the service provided at Broadland Clinic. At Warren Court patients were encouraged to influence decisions at a catering meeting. Wards had regular meetings such as community, morning and weekly engagement for patient's involvement in how the ward was run. On Beech Unit some of these were chaired and minuted by patients.
- We found good examples of patient's involvement in their care plans. However we also found some held limited information for example at Warren Court and 4 Bowlers Green. Some statements were written in the first person, yet professional language was used and was unclear that this was the patient's contribution. However patients we spoke with told us that they were involved in planning their care.
- Staff told us there could be differences of approach between professionals/teams in their involvement of patients in their care. For example one team encouraged patients to chair their CPA meetings and others asked patients attend at the end.
- Patients had access to independent advocacy services and they gave us positive feedback about the engagement and support offered.
- Staff referred to, 'a making services better group' which met monthly to look at patient and carer experiences and engagement. A manager told us they held regular drop in times for patients, to gain feedback about the service.
- Units had developed 'welcome packs' for patients who were admitted, to help orientate them to the hospital, which included toiletries and slippers on Beech Unit.
- Carers' forums took place. There were identified staff champions for carers. Carers information packs were developed with patient and carers on Beech Unit. Broadland Clinic and Warren Court recently held open weekends where carers and relevant others could visit and find out about the services.

# Are services responsive to people's needs?

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

## Summary of findings

We rated responsiveness as 'good' because:

- The units worked closely with the community teams to ensure that patients who had been admitted were identified and helped through their discharge.
- The units were well equipped to support treatment and care.
- Units had links with adult education, vocational and voluntary organisations and encouraged community engagement.
- There were opportunities for patients to practice and develop their daily living skills.
- A recent activities review had taken place to look at improvements to these core services and a working group was planned to review these.
- Patients were encouraged to raise any concerns and there were system for staff to respond to these.

However:

- Patient's privacy and dignity would be affected due to the location of the seclusion room at 4 Bowlers Green off a patient used hallway if used and the long term segregation room at Warren Court, which lacked easy access to washing and toilet facilities.

Managers were monitoring patient's community leave taken and the amount of activities offered. Patients, mostly from Broadland Clinic and staff said they were not enough activities, particularly at weekends. There was no system for monitoring community leave cancellations at hospital level and a senior manager said a system would be developed.

- Care pathways and admissions could be from high secure units, other secure units, prison or courts.
- The mean average length of stay at sites was: 4 Bowlers Green 2.15 years, Broadland Clinic 2.47 years Beech 1.17 years and for Warren Court 3.85 years. Where some patients' admissions were longer than this, staff said this was due to the risks they posed to themselves or other. They said commissioners funding their care were involved in regular placement reviews.
- Bed occupancy across sites was on average above 90%. There was a waiting list for admission; a manager explained the gap in occupancy due to needing Ministry of Justice approval before admission.
- There were no patients with delayed discharges across services.
- The units worked closely with the community teams to ensure that patients who had been admitted were identified and helped through their discharge. At Beech Unit a placement officer supported with locating appropriate accommodation. Discharges or transfers were discussed in the MDT meeting and were managed in a planned or co-ordinated way.
- At Broadland Clinic, a care pathway model was in place to move patients through medium service services out of hospital into the community where possible. This was in line with guidance in the 'Transforming Care: A national response to Winterbourne View Hospital: Department of Health Review Final Report (2012).'
- We saw examples of communication with professionals regarding discharge plans for example at Beech Unit and 4 Bowlers Green. Patients also told us they were involved in planning for discharge.

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

- The units were well equipped to support treatment and care. There were rooms where patients could relax and watch TV or engage in therapeutic activities. Resources included quiet areas, activity and meeting rooms, a gym and sports areas. There was a secure courtyard, access to horticultural and education areas. Warren Court had a 'clubhouse' for patients to socialise in.
- The location of the seclusion room at 4 Bowlers Green was near a patient bedroom area. This would not protect patients' privacy and dignity between secluded and non-secluded patients if used, due to noise (needing to shout if in the room) and other patients observing patient's use.

## Our findings

### Access and discharge

- Admissions to these units were planned in advance and they did not have emergency admissions.
- Weekly meetings with NHS England commissioners and fortnightly trust assessment meetings took place to consider referrals and admissions.
- Averages of seven admissions and discharges a year were given, for example to the Broadland Clinic and Beech Unit.

# Are services responsive to people's needs?

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

- The long term segregation room at Warren Court did not have easy access to a shower/bathroom/toilet; staff had to bring in washing/toilet equipment or carefully manage access which affected patient's privacy and dignity. Four staff acknowledged challenges with the environment. Staff told us patients could choose to be segregated in their bedroom. We noted that segregation forms did not detail the location used and brought this to staff's attention.
- Units had well-equipped physical examination rooms
- There were designated rooms where patients could meet visitors.
- The units had access to secure garden area, which included a smoking area.
- Patients had their own bedroom with arrangements for secure storage of valuables.
- Patients had a wide range of varied activities programme. Systems were in place for offering and monitoring as minimum 25 hours of therapeutic activity a week, which was achieved. There was not an overall coordination of activities/therapies between professions. Ten patients, mostly from Broadland said they were not enough activities, particularly at weekends and some staff confirmed this. Staff and patients across sites told us the lack of staffing affected the provision of some activities and leave.
- Managers had systems to monitor and track leave taken but not cancellations.
- Units had links with adult education, vocational and voluntary organisations. Examples given included, patients completing food hygiene and IT courses at 4 Bowlers Green; the open college network, horticulture and livestock care at Warren Court and plans for further developments.
- Other community engagement included links with local football clubs; The Koestler Awards for patients to submit film, art and designs.
- Patients had access to drinks and snacks. There were opportunities for patients to practice and develop their daily living skills, such as cooking, shopping, budgeting and washing laundry.
- A recent activities review had taken place to look at improvements and a working group was planned to review the recommendations and identify actions.

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

- At Broadland an 'Equip' therapeutic group had been developed to support patients with anger management, social skills social perspectives and problem solving.
- Medicines information and leaflets were available from the choice and medication website. A range of information was in pictorial form, for example, leaflets, some care plans, activity time tables, meeting minutes.
- A manager explained there had been challenges with the electronic staff rota to ensure gender specific workers, however they had taken actions to address this.
- Not all units had full disabled access, for example at Broadland Clinic and 4 Bowlers Green. Staff told us it was unlikely a patient using a wheelchair would need the level of security these units provided. However individual adaptations would be made as required.
- Patients' individual needs were mostly met, including cultural, language and religious needs. For example at Broadland Clinic there was 'Shalom' a portable multi faith resource. Patients gave examples of their needs being met. Contact details for representatives from different faiths were available. Local faith representatives visited the wards as required and could be contacted to request a visit.
- Interpreters were available to staff and were used to help assess patients' needs and explain their rights, as well as their care and treatment when needed.

## Listening to and learning from concerns and complaints

- Information on how to make a complaint was displayed including leaflets from the patient advice and liaison service (PALS).
- Patients effectively raised concerns in ward meetings and actions identified. We found some records, for example at Beech Unit, lacked details on staff actions identified and timeframes for completion. At Broadland Clinic a newsletter had been developed to give patients regular feedback on issues raised.
- There were systems for processing and monitoring and responding to complaints and we saw evidence of this. Staff told us that any learning from complaints was shared with the staff team.
- The trust had a 'Have your say' patient survey. Feedback from October to December 2014 for the learning

# Are services responsive to people's needs?

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

disability and forensic SBU showed 53 compliments and 2 complaints. An overall increase in satisfaction was reported. For example, 'Has the help we've given made you better' had an 83% score; an increase of 9% from previously. Additionally feedback was given via the NHS 'Family and friends' test. Results and actions and improvements were reviewed monitored via the making services better group.

- One patient told us they were awaiting a new mattress which had been reported two months ago. The patient had reported the issue to staff and an advocate was supporting them to resolve the matter.

- Ten patients raised concerns about food across Beech Unit and Warren Court. However they gave examples of being asked to give their feedback such as via local surveys and catering meetings to improve the service. We found at 4 Bowlers Green a person's care plan did not fully detail their needs in relation to halal food and another at Warren Court raised concerns about choice. Staff informed us that there were twelve differing options of Halal meals. At Beech Unit Caribbean food was provided.

# 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.

## Summary of findings

We rated well led as 'good' because:

- The trust had governance processes in place to manage quality and safety.
- Managers had data on their areas to compare their service with others. Where performance did not meet the expected standard, action plans were put in place.
- Units had staff champions to lead and monitor areas further for example on safeguarding.
- Staff were positive about the support they received from their manager and that they felt free to raise concerns and that they would be listened to.
- At Broadland Clinic staff morale appeared lower than at other units. Concerns were raised included the trust consultation relating to staff shift patterns and the electronic staff rota. Managers were aware of these concerns and explained actions taken.
- The process for exit interviews and feedback for staff leaving the service was being reviewed to ensure they were more robust.

Peer led assessments took place to improve the quality of the service provided such as from the quality network and patient-led assessments of the care environment (PLACE).

## Our findings

### Vision and values

- All units had the vision and values of the trust displayed. Additionally staff appraisals were linked to these.
- 81% of staff had completed 'living our values' training.
- A manager reported attending senior leaders meetings with the chief executive in 2014 as part of staff engagement and development days. Staff had other opportunities to influence this via local trust away days.

### Good governance

- The trust had governance processes in place to manage quality and safety. Managers used these methods from the trust to give information to senior managers in the trust and to monitor and manage the units. Managers would attend local meetings such as quality and risk

and patient safety where issues, audits and incidents were discussed. The information was then discussed with staff at team meetings and if required supervision sessions to ensure consistency of approach and improve the service.

- Managers provided data on performance to the trust and received data and feedback from this to compare their service with others. Where performance did not meet the expected standard, action plans were put in place.
- One staff member told us a governance staff post at the Broadland Clinic was vacant and this had affected some information sharing however recruitment was taking place.
- Units had staff champions to lead and monitor areas further for example on safeguarding.
- Trust magazines and emails gave staff opportunities staff to keep up to date with trust developments and sharing good practice.
- Staff told us the chief executive had recently visited sites and there were opportunities to meet with them and give feedback.

### Leadership, morale and staff engagement

- Managers reported opportunities for their leadership development such as learning sets and opportunities for staff to develop their skills to take on supervisory and management roles
- Staff were positive about the support they received from their manager and leadership, particularly at Beech Unit. They were aware of the trust's whistleblowing policy and that they felt free to raise concerns and were listened to.
- Four staff at Broadland Clinic reported less senior management/trust board visibility and staff morale appeared lower than at other sites. Five staff said the trust had made decisions without acknowledgement of staff feedback. We noted the unit was approximately two hours away from the other forensic units and the majority of trust services. Staff gave examples of how links were maintained with colleagues at other sites. Concerns raised included the trust consultation relating to staff shift patterns and the electronic staff rota. Managers were aware of these concerns and explained actions taken. For example the shift system was being

# Are services well-led?

Good 

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reviewed and going to staff for consultation. The rota management had been changed and there was the opportunity to make changes for unit's needs and plans to give back local management of this.

- Senior managers told us that there was a discrepancy between the findings of the NHS staff survey and the feedback staff gave about their satisfaction with their work. They advised that a series of groups were taking place to gain staff feedback in addition a trust quarterly pulse survey was undertaken also.
- There were systems in place to monitor reasons for staff sickness and staff turnover. Some staff were on long term sickness due to physical illness. However some staff had leave due to injuries from work. Managers outlined systems for giving staff support including letters from senior managers in the trust. A senior manager had led on a project to reduce level of patient violence towards staff. Staff had opportunities for support from independent employee assistance services; human resources and occupational health services as required.
- Exit interviews and feedback was sought from staff leaving the service. A senior manager told us the process was being reviewed to ensure more robust and capture any themes.

## Commitment to quality improvement and innovation

- Senior staff carried out unannounced visits to the service in order to monitor the quality of services provided.
- Units were members of the quality network for forensic mental health services and had received peer led reviews to compare themselves with other similar units and national standards. Managers described links with other hospitals/agencies to share learning and development and good practice.
- At Broadland Clinic staff had used virtual immersion therapy a method of psychotherapy that uses virtual reality technology.
- Patient-led assessments of the care environment (PLACE) were undertaken to also improve the service with action plans identified where relevant.
- We saw examples of unit self assessments, such as Broadland Clinic using 'The Triangle of Care approach' developed by carers and staff to improve carer engagement in acute inpatient and home treatment services.
- In addition to trust staff 'inspire' awards; Broadland Clinic staff had a 'star of the week' where staff were nominated for achievements.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

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

#### Regulated activity

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

Treatment of disease, disorder or injury

#### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing  
**The trust must review the effectiveness of their current staff recruitment and retention policy and procedures at Broadland clinic to ensure adequate staffing.**

Sufficient numbers of suitably qualified, competent, skilled and experienced persons must be deployed in order to meet the requirements.