

2gether NHS Foundation Trust

Forensic inpatient/secure wards

Quality Report

Montpelier Ward
Wotton Lawn Hospital
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Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/unit/team)	Postcode of service (ward/unit/team)
RTQ02	Wotton Lawn	Montpellier Ward	GL1 3PX

This report describes our judgement of the quality of care provided within this core service by 2gether 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 2gether NHS Foundation Trust and these are brought together to inform our overall judgement of 2gether 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?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

Mental Health Act responsibilities and Mental Capacity Act / 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 rated 2gether NHS Foundation Trust as good because there was evidence of good practice in all five domain areas of safe, effective, caring, responsive and well-led.

Fourteen months before our inspection there had been a homicide on the ward; a member of staff had been murdered by a patient. We found that the staff on the ward had worked very hard to recover from this incident as a team whilst supporting patients and maintaining a safe environment. The team had supported each other well and it was evident that, whilst the emotional effects of the incident were still felt, the staff team had been able to prioritise patient care. Measures had been put in place to address safety but this had been done in a way which minimised blanket restrictions and continued to support patients towards recovery and independence.

The environment was clean and safe with good staffing levels and use of bank staff familiar with the ward. Seclusion was not used and restraint used rarely. There were very clear procedures for managing risk. Incidents were reported and staff learnt from these.

Staff carried out a thorough assessment of patients' care needs before admission and updated this regularly. It was evident that patients were involved in this process but this was not fully reflected in care plans. There was a high

standard of physical healthcare monitoring. We found good multi-disciplinary working with a range of professionals available and an open culture which encouraged all members of staff to contribute.

Interactions between staff and patients were warm and respectful. Patients were positive about their treatment on the ward. Patients were involved in their care and staff supported patients to maintain contact with their families.

Admissions to and discharges from the ward were planned. Beds were never used when a patient was on leave. There was a range of rooms available on the ward included a fully equipped gym which was accessible throughout the day. There was a range of activities available on and off the ward seven days a week. Patients knew how to complain. However, no record was kept of complaints resolved at a local level.

Team morale was good. Staff felt supported by local management and by colleagues within the team. Staff had access to additional as well as mandatory training and told us that they were easily able to access informal supervision. Following the serious incident last year the team had felt supported by the local management and there was a comprehensive action plan in place.

Summary of findings

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

Are services safe?

We gave rated safe as good because:

- The environment was clean, well-maintained and had clear lines of sight. There were effective procedures for the management of keys and of environmental security.
- Staffing levels were good and bank cover was mostly by staff who were familiar with the ward and patients.
- There was no use of seclusion and minimal use of restraint. Both patients and staff felt safe on the ward.
- Medicines were managed safely.
- There were very clear procedures in place for assessing and managing risk. Risk assessments were updated frequently and all members of the team were involved in discussing risk.
- Staff learnt from serious incidents and knew what to report and how. Staff gave examples of learning from incidents.

Good



Are services effective?

We rated effective as good because:

- Staff carried out a thorough assessment of care needs before admission and updated care plans after any changes. Although plans could be written in a more person-centred manner, progress notes showed that people were consulted about and involved in their care.
- Physical healthcare monitoring was of a high standard. Best practice was followed in the prescribing of medicines and a pharmacist attended multi-disciplinary team meetings.
- There was effective multi-disciplinary working with the full range of professionals and experienced staff on the team. Communication was good between members of the team and all staff were able to be included in team discussions.

Good



Are services caring?

We rated caring as good because:

- Interactions between staff and patients were warm and respectful. Patients spoke positively about staff and said they were treated well.
- Patients were helped to settle in to the ward on admission and had their rights under the Mental Health Act explained regularly.

Good



Summary of findings

- Patients were involved in their care and supported to maintain as much independence as possible. Some former patients remained in contact with staff on the ward and kept them informed of their progress.
- Patients were supported to maintain contact with their families.

Are services responsive to people's needs?

We rated responsive as good because:

- All admissions and discharges were planned. Beds were available for local patients. Beds were never used when a patient was on leave.
- There was a full range of rooms available on the ward. Patients had access all day to the gym on the ward, supported by trained staff. Patients had access to the garden throughout the day and could make hot drinks and snacks at any time.
- There was access to a range of activities both on and off the ward seven days a week.
- Patients knew how to complain. However, there was no record kept of complaints which had been resolved at local level.

Good



Are services well-led?

We rated well-led as good because:

- There was good staff morale. Staff felt supported BY the team and local management. Staff described a cohesive team and told us they had good access to supervision, although this was often informal.
- Staff were able to access additional training and were supported to have time to do this.
- Following a very serious incident the previous year staff had felt well supported locally. There was a comprehensive action plan in place following the trust's investigation.
- The ward was an active member of the Royal college of Psychiatrists Quality Network for Forensic Services.

Good



Summary of findings

Information about the service

Montpelier was a 12 bed low secure unit for men located on the Wotton Lawn hospital site in Gloucester. This was the first inspection of the service.

Our inspection team

The team that inspected the core service comprised a CQC inspector, an assistant inspector, two specialist advisors and an expert by experience. A pharmacy inspector also visited the ward to check medicines management.

Why we carried out this inspection

We inspected this core service as part of our on going 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 held four focus groups with staff over the Wotton Lawn site. We sought feedback from patients at two focus groups during the inspection.

During the inspection visit, the inspection team:

- visited the low secure ward at the hospital site and looked at the quality of the ward environment and observed how staff were caring for patients
- spoke with seven patients who were using the service
- spoke with the managers or acting managers for the ward
- spoke with six other staff members; including health care assistants, nurses and occupational therapists
- attended and observed a hand-over meeting

We also:

- looked at seven sets of care records
- carried out a specific check of the medication management on the wards.

looked at a range of policies, procedures and other documents relating to the running of the service

Summary of findings

What people who use the provider's services say

Patients we spoke to were positive about their experiences, they said they felt safe on the ward. They told us that staff were kind and respectful and that they

felt well supported. Patients told us that staff respected their privacy and dignity. They told us that there was a range of activities available and that leave and activities were rarely cancelled.

Good practice

We observed good practice regarding physical care. Staff discussed the physical health of all patients at handover.

There was good discussion of risk with the whole team having the opportunity to contribute to risk discussions when changes to care plans were made.

The service had developed a clear and comprehensive search policy including use of a metal detector.

Areas for improvement

Action the provider SHOULD take to improve

The provider should ensure ligature risk assessments are completed in full and control measures are recorded.

The provider should ensure that care plans are written in a more person centred way and contain the patients' views.

The provider should keep a record of locally resolved complaints in order to check for themes and to ensure learning from these complaints.

2gether NHS Foundation Trust

Forensic inpatient/secure wards

Detailed findings

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

Montpellier Ward

Name of CQC registered location

Wotton Lawn

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

- Staff were able to observe all parts of the ward.
- The ward complied with same-sex guidance; it was a male only ward.
- The clinic room was clean and fully equipped. Resuscitation equipment was available from central points throughout the hospital.
- There was no seclusion room. Staff used an extra care area to support patients who needed time out from the ward. This was a low stimulus space with interior doors that did not lock. Patients were never locked in this area and were always accompanied by members of staff. Toilet facilities, a bed, sofa and bean bags were available in this area. Patients were free to leave the area but staff would try to persuade them to stay until they no longer needed to be away from the main ward.
- All areas were clean and well-maintained with good furnishings. We saw one bed base within the extra care area which had a large stain. We brought this to the attention of the ward manager who had the bed base replaced immediately.
- All areas of the ward had hand washing facilities with signs. Paper towels were provided to minimise cross contamination from hand drying.
- Equipment was well-maintained and clean.
- There was a dedicated cleaner on the ward. The ward was clean in all areas, toilets and bathrooms were cleaned regularly.
- Alarms were issued to all staff at the beginning of their shift and collected at the end of their shift. Each shift had a health care assistant who was security officer for the shift and was responsible for issuing and collecting keys.
- Nurse call systems were installed on the ward and were in working order.

Safe staffing

Key Staffing Indicators

Establishment levels: qualified nurses **12**

Establishment levels: nursing assistants **13**

Number of vacancies: qualified nurses **2**

Number of vacancies: nursing assistants **2**

The number of shifts filled by bank or agency staff to cover sickness, absence or vacancies in 3 month period: 341

The number of shifts that were **NOT** been filled by bank or agency staff where there is sickness, absence or vacancies in 3 month period: 0

Staff sickness rate (%) in 12 month period: 16%

Staff turnover rate (%) in 12 month period: 11%

- The number and grade of nurses was calculated following a skill mix review 18 months ago. There were two qualified nurses and three health care assistants on early and late shifts with two qualified nurses and two health care assistants on the night shift.
- The ward usually ran on these numbers. Shortfalls of staffing were covered by bank staff and agency staff. Bank staff were familiar with the ward and where possible agency staff familiar with the ward were prioritised to cover shifts.
- The ward manager was able to adjust staffing levels according to clinical need. This was often covered by familiar bank staff or substantive ward staff working overtime.
- There was at least one qualified nurse on the ward at all times.
- Patients were able to have regular one to one time with their named nurse. Each patient had more than one nurse to ensure time was always available.
- Escorted leave and ward activities were rarely cancelled. Occasionally a patient would need to wait for unplanned escorted leave if a number of patients were already off the ward. The Engagement Activity in Physical Health (EAP) team facilitated leave and provided activities both on and off the ward. The EAP team was available 12 hours a day 7 days a week.
- There were always enough trained staff to carry out physical interventions.
- There was adequate medical cover. The ward had a consultant psychiatrist and a junior doctor. On-call was provided by the Wotton Lawn hospital out of hours cover.

Are services safe?

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

- Staff received mandatory training and were up to date with this. The rate of training compliance was 88%. We were told it was difficult to keep track of staff training as the systems were not always up to date.

Assessing and managing risk to patients and staff

- Seclusion was not used on the ward and there was no long term segregation.
- Staff told us that there was minimal use of restraint on the ward and that they were almost always able to de-escalate situations verbally. All staff had received training in restraint techniques. There had been a slight increase recently with one patient who required safe holds. There had been no use of face down restraint. Information received from the trust prior to our inspection recorded one incidence of restraint.
- We examined seven care records and found every patient was risk assessed before admission. Risk assessments were reviewed regularly and updated after every incident.
- Staff used the HCR20 assessment tool. Risks were discussed at handover, which included leave and associated risk. All members of the team, both nurses and health care assistants were able to participate in discussion of risk. 'Risk taking meetings' took place with the multi-disciplinary team before any changes were made.
- There were some blanket restrictions in place, in particular access to some items which could be used as weapons for example, but these were justified and were in place in order to maintain safety on the ward.
- All patients on the ward were detained under the Mental Health Act 2005.
- There was good practice in the use of observations. A member of staff from the outgoing shift walked around with a member of staff of oncoming shift to check on patients. Staff told us that they monitored and reviewed ligature risk regularly, in particular by use of observations for patients who were assessed as a risk. We looked at the ward ligature risk assessment and found that whilst staff were aware of and monitored risks, some identified risks did not have a management plan recorded.
- There were very clear policies and procedures in respect of searching patients which had been implemented following a serious incident in July 2014. Nursing staff were able to describe each level of search from 1 to 4 and the rationale for each. All patients were asked verbally about any banned items and had to pass through a metal detector. The trust had consulted with the Health and Safety Executive and CQC before initiating this procedure to ensure the protection of patients' rights.
- Use of rapid tranquilisation followed NICE guidance. The prescription of medicines for rapid tranquilisation was reviewed regularly by the ward pharmacist. Oral medicines were always offered as a first line of treatment with intramuscular injection only used when there was no other safe alternative.
- All staff had completed mandatory safeguarding training and staff we spoke with could describe how to make a safeguarding alert using the trust's safeguarding procedures.
- Medicines were stored safely and securely in a clean clinic room. Controlled drugs were stored securely. Records showed these had been looked after safely.
- Pharmacy services were provided from the NHS acute hospital in Gloucester. Members of the pharmacy team visited regularly checking stock and patients' prescription and administration charts. Staff told us the pharmacy service worked well and they were able to obtain medicines for patients when they were needed. Arrangements were in place to obtain emergency medicines out of pharmacy working hours. Records confirmed that patients' medicines were available for them.
- The wards used a comprehensive prescription and medicines administration record chart which facilitated the safe prescribing and administration of medicines. We saw that patients' prescriptions were regularly reviewed. The pharmacist attended multidisciplinary team meetings to advise on the safe use of medicines. Staff had completed administration records to confirm patients were receiving their medicines as prescribed. Staff told us the administration records were checked weekly to make sure they had been completed correctly. The results of this were fed back to staff to help improve practice.
- Arrangements were in place to record and review medicines errors and incidents.
- None of the current patients had access to children. Any child visits would take place in the visitors' room and would be supervised. The ward social worker was trained in child protection.

Are services safe?

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

Track record on safety

- The most recent serious incident had occurred 14 months previously when a member of staff was murdered by a patient. All staff were aware of the incident, the learning from it, and the measures put in place to improve safety. A metal detector had been introduced, risk management had been reviewed and robust management of risk on patients returning from leave. As part of improving the safety arrangements, a group of staff had attended training at Broadmoor hospital as part of a "train the trainer" programme to learn a range of search techniques relating to patients, visitors and the patient/service facilities, equipment

and the environment. These staff have rolled this training out to all staff within the unit and are also supporting the training of staff across all adult inpatient services".

Reporting incidents and learning from when things go wrong

- All staff knew what and how to report incidents. The ward used the trust electronic reporting system.
- Staff were confident about using the reporting system. One member of staff told us about reporting an incident which was immediately addressed.
- Incidents and learning were discussed in team meetings. There was a formal process in place for more serious incidents. Less serious incidents were discussed in team meetings and supervision.

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

We looked at 7 of 11 care records.

- Admission to the ward was by referral only. A thorough assessment of care needs was carried out before admission. Care plans were detailed, of good quality and holistic, but we found that they were not personalised.
- Every patient had a physical examination on admission and records showed that physical health care was monitored. The staff team ensured that patients had timely access to physical healthcare.
- Care records contained up to date, personalised, holistic care plans. Plans were reviewed and updated regularly. It was evident from progress notes that patients were involved in their care but care plans did not contain patients' views in their own words.
- All information was stored securely and was accessible to staff. Bank staff employed by the trust had access to the electronic records system. Agency staff did not. However, this was mitigated by very limited use of agency. Permanent ward staff would add to records following a handover from any agency staff member.

Best practice in treatment and care

- The pharmacist attended multidisciplinary team meetings to advise on the safe use of medicines. Staff had completed administration records to confirm patients were receiving their medicines as prescribed. Over 50% of patients were prescribed clozapine which is the anti-psychotic recommended by NICE for treatment resistant schizophrenia.
- Psychological therapies recommended by NICE were available on the ward. Patients could access therapies off the ward and there was a psychologist available.
- The ward used the recovery STAR model which worked collaboratively with patients to develop an individual recovery plan. The ward also used 'My Shared Pathway', part of the national secure services plan to identify and improve outcomes for patients.
- Access to physical healthcare was good. The ward provided all day access to gym equipment on the ward. There was a foot clinic and patients' physical health was also discussed in each handover.
- Staff participated in trust clinical audits.

Skilled staff to deliver care

- There was a full range of mental health disciplines to provide input to the ward. This included a consultant forensic psychiatrist, consultant nurse, consultant psychologist, ward manager, pharmacist, clinical nurse specialist, engagement activity in physical health team leader and nurses both qualified and unqualified.
- Staff were experienced and qualified. Staff told us they felt safe working on the ward and well supported by their colleagues.
- Staff were supervised and had access to regular team meetings. Staff we spoke with told us that they could always access informal supervision and clinical discussion. All the staff we spoke with confirmed they were well-supported.
- In addition to the mandatory trust training staff could access additional training. Staff had received training in working with personality disorders, search training, motivational interviewing and family work. Staff told us that management was supportive and ensured they could have the time to attend training.
- No staff were on performance management at the time of our inspection.

Multi-disciplinary and inter-agency team work

- There were regular, effective multi-disciplinary (MDT) meetings. Meetings were attended by the full range of staff including health care assistants and a pharmacist fortnightly. Risk and physical health were always discussed at these meetings. Records of any discussion and decisions were available within care records. Patients were also able to attend these meetings and were accompanied by an advocate if they wished.
- Handovers were effective and followed a clear structure. Risks and physical health were always discussed for each patient.
- Staff described good relationships across the MDT and with other wards within the hospital. Records showed that liaison was carried out with external teams as necessary, particularly in regard to discharge to the community. There were good links with the criminal justice liaison 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.

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

- Qualified nursing staff had completed mandatory training which covered both the Mental Health Act and Capacity Act in one course. Staff were able to tell us about patients' detention and rights under the Act. Staff were clear about section 17 leave requirements.
- Detention paperwork was in order and section 17 leave forms were completed correctly.
- Consent to treatment requirements were adhered to. Treatment forms were attached to medication charts.
- Patients had their rights regularly explained and this was recorded. Patients confirmed that they were regularly informed of their rights.
- Administrative support on the Mental Health act was available from the trust central team.

- Patients had regular access to an independent mental health advocate (IMHA) and staff knew how to access the IMHA service.

Good practice in applying the Mental Capacity Act

- Seven out of 10 qualified nursing staff had attended a dedicated course in the Capacity Act. All staff had completed mandatory training which covered both the Mental Health Act and Capacity Act as part of the course.
- There were no DoLS applications as patients were detained under the Mental Health act.
- Staff understood the principles of the Mental Capacity Act and described situations where capacity had been discussed by the MDT. Staff assumed mental capacity and understood that mental capacity assessments were decision specific.
- There was a trust-wide policy on capacity available.

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

- Interactions we observed between staff and patients were respectful, warm and friendly. Staff spoke with us about individual patients respectfully and demonstrated a good understanding of patients' individual needs.
- Patients spoke positively about staff. They told us staff were respectful and caring and that they felt safe on the ward. One patient said that they felt staff were interested in their well-being.

The involvement of people in the care that they receive

- Staff showed patients around the ward on admission and patients received an explanation of the service. Patients confirmed their treatment was explained and their rights under the Mental Health Act 2005 were given.
- Care plans were not written in a way which reflected their involvement. However, progress notes clearly showed that people had been involved in discussions about their care. Patients were able to participate in MDT discussions. Patients told us that their care was discussed with them. Patients also had

the opportunity to participate in their risk assessment and management plans. We were told by staff that patients tended to become involved in this during the latter stage of their stay.

- Patients were encouraged to maintain independence. There was opportunity for patients to self-cater and to take part in preparing the Sunday roast for the whole unit.
- There was access to advocacy. Both patients and staff knew about the advocacy service and advocates were able to attend MDT and care program approach (CPA) meetings.
- Patients told us, and records confirmed, that they were supported to remain in contact with families. We saw records of ward engagement with families and their inclusion in risk management.
- Patients were able to give feedback about the service via weekly community meetings. Patients told us these meetings were useful and they were able to raise any issues.
- Patients were supported to attend the Recovery College. We were told by staff of achievements patients had made after discharge from the ward and that some former patients were still in contact with the ward.
- No patients had advance decisions in place.

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

- Between January and June 2015, bed occupancy was below 70%. The ward had reduced patient numbers following a serious incident. At the time of our inspection there was one bed available and staff had accepted a referral into this bed. As a long-stay low secure ward it was usual for there to be 100% bed occupancy.
- There were no low secure out of area placements. However, patients who needed medium or high secure services would be placed out of area. Beds were available for patients returning from out of area medium secure placements on a planned basis.
- Beds were never used when a patient was on leave.
- Patients were not moved between wards unless there was a clinical need and it was in the patient's interests.
- All discharges were planned and patients were involved.

The facilities promote recovery, comfort, dignity and confidentiality

- There was a full range of rooms and equipment available to support treatment and care. This included a suitably equipped clinic room, lounge areas, several activity and interview rooms. There was an extra care area available for patients who needed a low stimulus area or to be de-escalated. There was a fully equipped gym on the ward which patients could access at any time during the day. Patients had free access to the garden during the day but this was limited at night in order to encourage patients to maintain healthy sleep patterns.
- There were quiet areas on the ward and a visitor's room was available.
- Patients could make phone calls in private.
- Patients told us the food was of reasonable quality. In addition to this some patients had access to the kitchen and were able to cater for themselves.
- There was access to hot drinks and snacks at any time.

- Patients were able to personalise their bedrooms. One patient showed us his bedroom which demonstrated this.
- There was access to activities daily including at weekends. This was provided by a dedicated team. The team also worked to ensure activities were available on the ward for patients who did not have leave.
- All the patient-led assessments of the care environment (Place) scores for the whole hospital scored wards as above the England average for cleanliness, food, privacy and dignity and appearance.

Meeting the needs of all people who use the service

- The ward was on the ground floor and all areas were accessible for people with compromised mobility.
- The trust had information leaflets in different languages and access to a range of interpreters.
- Information was available via noticeboards and staff members were knowledgeable about services and advocacy.
- Records showed that patients' spiritual needs had been considered and discussed with them. We saw evidence of one patient being supported to attend a local place of worship.

Listening to and learning from concerns and complaints

- The ward did not keep a log of complaints and the ward manager explained that complaints were dealt with and resolved at a local level.
- Patients had the opportunity to raise concerns or give feedback about the service in the weekly community meeting. Patients told us they could discuss issues in this meeting. Patients also said they knew how to complain and were confident staff would listen to and act on complaints.
- One complaint about lack of provision for cultural needs had been upheld and an apology offered.
- Staff explained how they would handle complaints, however there was no system in place to record outcomes or feedback learning from complaints.

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 we spoke with knew about the organisation's values and these were reflected in the team objectives.
- The team told us their specific objective was to implement a plan of care with increasing collaboration from patients as they worked towards discharge.
- Staff were able to tell us who the most senior managers in the organisation were and said that they had visited the ward. Staff told us they were very familiar with the senior managers on the hospital site and that they were a regular presence on the ward.

Good governance

- Ward systems were effective in ensuring that staff had access to, and time to complete, mandatory and additional training. Whilst formal supervision was not always possible all staff we spoke with felt able to access support and informal supervision as needed. Shifts were covered by a sufficient number of staff of the right grades.
- Staff time on the ward was maximised and patients told us staff were always available.
- Staff participated in trust audits, although we were told that the ward was behind with current audits. This was attributed to the on-going work on the ward improvement plan following the serious incident review.
- Staff reported incidents and there was evidence of learning from this. Safeguarding procedures were followed.
- There was a trust system in place to measure key performance indicators (KPIs) but this was quite

complicated and not always up to date. For example the trust system had not been updated to reflect accurate mandatory training figures. There was a local system in place to monitor this.

- The ward manager had administration support and sufficient authority to make decisions about the service. Items could be submitted to the trust risk register

Leadership, morale and staff engagement

- Staff sickness on the ward has been as high as 16% immediately following the tragic incident in July 2014. It has subsequently reduced to around 5 - 8%.
- There were no bullying and harassment cases.
- Staff knew how to use the whistleblowing process and told us they felt confident to raise concerns. One member of staff told us of a positive experience following raising concerns. Staff told us they could approach local management with concerns.
- Morale was high amongst the staff and they spoke positively about their experience of working on the ward. Staff described a cohesive team which was mutually supportive. There was good liaison and support amongst managers working within the hospital.
- Following the serious incident in July 2014, staff had felt well supported locally and the ward manager told us they had been able to contribute to the review and implementation of the improvement plan.
- The ward manager had been able to access both internal and external leadership development courses.

Commitment to quality improvement and innovation

- The ward was an active member CCQI which is benchmarking of a service meeting clinical standards assessed by external peer review. This was used to direct service improvements for the year ahead.

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.

This section is primarily information for the provider

Enforcement actions

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.