

St Andrew's Healthcare - Essex

Quality Report

St Andrews Essex
Pound Lane
North Benfleet
Basildon
Essex
SS12 9JP
Tel:01268723800
Website: www.stah.org

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This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from patients, the public and other organisations

Ratings

Overall rating for this location

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 and Deprivation of Liberty Safeguards

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

Summary of findings

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

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

Overall summary

We rated St Andrew's Essex as good because:

- All ward areas were clean and well maintained; equipment was well maintained and safety tested, cleaning records were up to date and demonstrated regular cleaning of ward areas.
- There were designated quiet areas on all wards and there was a visitor's room near the hospital entrance that could be used for patients to meet with family and friends.
- There was a phone room on all wards to facilitate patients making calls in private.
- Patients were given a welcome pack on the psychiatric intensive care wards, which contained essential items for hygiene and enhanced their wellbeing.
- Shifts were covered by sufficient numbers of staff with the right grades and experience.
- Staff told us that morale had improved recently and attributed this to new members of the leadership team.
- Staff told us they felt well supported by managers.
- There were flexible working arrangements available for staff.
- Staff and visitors had access to personal alarms. The provider had simplified their staff recording system since the last inspection and for the majority of shifts; staffing numbers matched those on the rota. Shifts were covered by sufficient numbers of staff with the right grades and experience. Staff told us that they were able to maximise their time on direct care activities as opposed to administration duties. There was a full range of mental health professionals available to deliver care.
- Staff we spoke with knew what incidents to report and used electronic recording system to report incidents. Staff were open and transparent and explained to patients when things went wrong. Staff told us they

received feedback from investigation of incidents at team meetings and in managerial supervision. There was evidence that changes had been made as a result of feedback.

- Patients we spoke with told us staff were kind and treated them with dignity and respect. Carers we spoke with told us that they were pleased with the care their relative received.
- Care records were up to date, personalised, with holistic recovery-orientated care plans.
- Prescription charts showed that staff followed National Institute for Health and Care Excellence guidance for prescribing medication. The pharmacist had written the percentage of medication prescribed to help staff remain within British National Formulary limits and reduce the risk of multiple medications being prescribed for the same problem.

However we found the following areas that the provider needs to improve:

- There were high levels of the use of prone restraint across the hospital, particularly in the psychiatric intensive care services. Whilst the provider had set out measures to reduce levels of seclusion and restraint these measures had not yet had significant effect.
- The external door to the garden from the extra care suite on Audley ward was clear glass and therefore visible from the garden. This compromised patients' privacy and dignity. This was raised with the provider who agreed to address the issue.
- The fridge lock in the clinical room on Audley ward had been broken. The provider had sourced a new lock and was awaiting fitting of the new lock at the time of the inspection.
- For two of the seclusion records reviewed the front sheets were incomplete. The nurse in charge had not signed them before uploading to the electronic record.

Summary of findings

- For one patient the gap between medical reviews whilst in seclusion was longer than the four hours recommended by the Mental Health Act 1983: Code of Practice.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Acute wards for adults of working age and psychiatric intensive care units	Good 	
Forensic inpatient/secure wards	Good 	

Summary of findings

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Good 

St Andrew's Healthcare- Essex

Services we looked at

Acute wards for adults of working age and psychiatric intensive care units; Forensic inpatient/secure wards.

Summary of this inspection

Background to St Andrew's Healthcare - Essex

St Andrew's Essex is a low secure hospital situated in North Benfleet, Essex and has been registered with the CQC since 11 April 2011.

The services have a registered manager and a controlled drugs accountable officer. The registered location at Essex provides men's services and women's services, including psychiatric intensive care units and forensic inpatient/secure wards. The hospital is currently registered to provide assessment or medical treatment for persons detained under the Mental Health Act 1983 and treatment of disease, disorder or injury. St Andrew's Essex consists of six wards and currently has 79 beds. We inspected all wards during this inspection.

Danbury ward and Hadleigh ward had 16 beds each; they provide low secure services for men. Maldon ward has six beds and Colne ward has 16 beds; they provide low secure services for women. Audley ward has 13 beds and provides psychiatric intensive care (PICU) for men. Frinton ward has 12 beds and provides psychiatric intensive care (PICU) for women.

St Andrews Essex was last inspected on 20 to 22 September 2016 when it was rated requires improvement. Requirement notices were issued for:

Dignity and respect

- The provider had not ensured that all patients' rooms had curtains to ensure their privacy and dignity. This was a breach of Regulation 10(2)(a)

Safe care and treatment:

- The provider had not always ensured that medication was kept securely locked away, used within the shelf life/replaced or as required medication (prn) reviewed within 14 day period. This was a breach of Regulation 12(1)(a)(g)

Safeguarding service users from abuse and improper treatment:

- The provider had not ensured that all practices amounting to seclusion or segregation were recognised, recorded and safeguarded in line with requirements set out in the Mental Health Act 1983 Code of Practice. This was a breach of Regulation 13(4)(b)

Premises and equipment:

- The provider had not ensured there were appropriate rooms within the wards for care and treatment of patients. This was a breach of Regulation 15(1)(c)(f)

Staffing:

- The provider had not always ensured there were sufficient numbers of suitably qualified, competent, skilled and experienced persons deployed that met the needs of the service.
- The provider had not ensured that all staff were in receipt of management supervision. This was a breach of Regulation 18(1)(2)(a)

When we inspected on this occasion these requirements had been met.

Our inspection team

Team leader: Rachel Travis, CQC inspector, mental health hospitals

The team that inspected the service comprised three CQC inspectors, two CQC inspection managers and two specialist advisors: an occupational therapist and a forensic mental health nurse.

Why we carried out this inspection

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

Summary of this inspection

How we carried out this inspection

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

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

During the inspection visit, the inspection team:

- visited all six wards at the hospital, looked at the quality of the ward environment and observed how staff were caring for patients
- spoke with 24 patients who were using the service
- interviewed the registered manager and managers or acting managers for each of the wards

- spoke with 33 other staff members; including doctors, nurses, occupational therapist, psychologist, social worker, mental health administrator and members of the senior management team
- looked at 31 care and treatment records of patients
- attended and observed three hand-over meetings, two multidisciplinary meetings and two patient community meetings
- carried out specific checks of the medication management on all wards
- looked at a range of policies, procedures and other documents relating to the running of the service
- spoke with three carers of patients who used the service.

What people who use the service say

- Patients we spoke with told us staff were kind and treated them with dignity and respect, they told us that they were involved in the planning of their care and had copies of their care plans. Patients also told us that they had been involved in plans to update therapeutic areas of the ward.
- Carers we spoke with told us that they were pleased with the care their relative received and were kept

informed of updates in their relative's care. Where possible visits with their relatives had been well facilitated either within the hospital or at the patient's home.

- However, some patients complained about a lack of activities on the ward particularly at weekends.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We rated safe as requires improvement because:

- The fridge lock in the clinical room on Audley ward had been broken. The provider had sourced a new lock and was awaiting fitting of the new lock at the time of the inspection.
- There were high levels of the use of prone restraint across the hospital, particularly in the psychiatric intensive care services. Whilst the provider had set out measures to reduce levels of seclusion and restraint these measures had not yet had significant effect.

However we found the following areas of good practice:

- Wards were laid out in a way which allowed staff to observe all areas of the ward. The provider had installed mirrors where staff did not have clear lines of sight.
- The wards complied with guidance on same sex accommodation.
- Clinic rooms on all four wards were fully equipped with accessible resuscitation equipment and emergency drugs that staff checked regularly.
- The seclusion rooms met the guidelines contained in the Mental Health Act Code of Practice.
- All ward areas were clean and well maintained; equipment was well maintained and safety tested, cleaning records were up to date and demonstrated regular cleaning of ward areas.
- Staff and visitors had access to personal alarms.
- The provider had simplified their staff recording system since the last inspection and for the majority of shifts; staffing numbers matched those on the rota.
- The provider had a shift coordinator for the hospital who was able to adjust the staffing levels on a daily basis to take account of case mix and need on the ward.
- The majority of staff were up to date with their mandatory training.
- Staff we spoke with knew what incidents to report and used the electronic recording system to report incidents. Staff were open and transparent and explained to patients when things went wrong. Staff told us they received feedback from investigation of incidents at team meetings and in managerial supervision. There was evidence that changes had been made as a result of feedback. Staff were offered a debrief after serious incidents.

Requires improvement



Summary of this inspection

- Ninety per cent of staff had completed mandatory training and were also able to access specialist training. Managers had released several staff to complete their dialectical behaviour therapy training.

Are services effective?

We rated effective as good because:

- Care records showed that physical examination had been undertaken and that there was on-going monitoring of physical health problems. There was access to physical healthcare including access to specialist care at the local hospital when needed.
- Care records were up to date and personalised with holistic, recovery-orientated care plans.
- Prescription charts showed that staff followed National Institute for Health and Care Excellence guidance for prescribing medication. The pharmacist had written the percentage of medication prescribed to help staff remain within British National Formulary limits and reduce the risk of multiple medications being prescribed for the same problem.
- Both psychiatric intensive care wards offered psychological interventions recommended by National Institute for Health and Care Excellence. Personal behavioural support plans were based on dialectical behaviour therapy.
- There was a full range of mental health disciplines available to deliver care including nurses, psychologists, occupational therapists, social workers, consultant psychiatrists, associate specialists, dieticians, technical instructors, health care assistants and pharmacists.
- There were regular multidisciplinary meetings on all wards. We observed two handover meetings and saw that handovers covered risk levels, observations and an overview of the patient's presentation.

Good



Are services caring?

We rated caring as good because:

Following our inspection in September 2016, we rated the services as good for caring. Since that inspection we have received no information that would cause us to re-inspect this key question or change the rating.

Good



Are services responsive?

We rated responsive as good because:

Good



Summary of this inspection

- There was a full range of rooms and equipment to support treatment and care. On Danbury ward the provider had commissioned works to create a games, therapy and meeting room.
- There were designated quiet areas on all wards and there was a visitor's room near the hospital entrance that could be used for patients to meet with family and friends.
- There was a phone room on all wards to facilitate patients making calls in private.
- Patients were given a welcome pack on the psychiatric intensive care wards, which contained essential items for hygiene and enhanced their wellbeing.
- Each ward had its own designated outside space. Patients had access to fresh air at regular intervals throughout the day.
- There were facilities for patients requiring assisted access to bathroom facilities.
- There was a range of information in leaflet and poster form on all wards about treatment objectives, patients' rights, how to complain and access to advocacy services. Staff told us they could easily access information in other languages should they need to.
- Staff told us they could access interpreters if necessary.
- The catering team provided access to a range of foods to meet dietary requirements including those required to meet religious or cultural needs.
- The hospital had access to a chaplain who had links to other faith leaders in the local community. The hospital had a multi-faith room with adjoining washing facility where people could wash their hands and feet before prayer.

However we found the following area that the provider needs to improve:

- The external door to the garden from the extra care suite on Audley ward had a clear glass panel and therefore the area was visible from the garden. This compromised patients' privacy and dignity. This was raised with the provider who agreed to resolve the issue.

Are services well-led?

We rated well-led as good because:

- Staff we spoke with knew the organisation's vision and values and told us they agreed with them. There were posters displaying the vision and values on the wards.
- Staff we spoke with knew who the most senior managers in the organisation were and felt well supported by them.

Good



Summary of this inspection

- Managers ensured that staff received mandatory training. Staff were appraised annually and supervised monthly.
- Shifts were covered by sufficient numbers of staff with the right grades and experience.
- Staff told us that they were able to maximise their time on direct care activities as opposed to administration duties.
- The provider did not have a policy for managerial supervision but staff told us that they received managerial supervision.
- Staff told us that morale had improved recently and attributed this to new members of the leadership team.
- Staff told us they felt well supported by managers.
- There were flexible working arrangements available for staff.
- Staff we spoke with told us that managers supported them to access specialist training.

Detailed findings from this inspection

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.

- A competent staff member from St Andrew's examined Mental Health Act papers on arrival. Pink papers were copied and scanned onto electronic records. Original papers were then sent to the centralised Mental Health Act office in Northampton. This meant that there could be delays if patients needed to be transferred to other care providers at short notice. However, the provider explained the process for storage and transfer of papers, and stated there had been no incidents of papers being delayed as a result of their process.
- Staff knew who the Mental Health Act administrators were. Mental Health Act administrators were based in Northampton but were able to offer support in making sure that the Mental Health Act 1983 was followed in relation to renewals and consent to treatment and appeals against detention.
- Ninety four per cent of staff had completed mandatory training on the Mental Health Act 1983.
- Staff we spoke with had a good understanding of the Mental Health Act 1983, the code of practice and its guiding principles.
- The provider kept clear records of leave granted to patients. Staff and carers were aware of the leave granted and the crisis contingency measures associated with these.
- Consent to treatment forms were attached to all prescription charts and capacity requirements were

adhered to. Forms T2 & T3 are a legal requirement for those detained patients whose treatment falls within section 58 requirements - essentially people detained for longer than 3 months who must then either consent to treatment for mental disorder and have that consent recorded on Form T2; or who are incapable of consent, or refuse consent, and who then have their treatment scrutinised by a second opinion appointed doctor, whose authorisation is recorded on Form T3.

- Patients had their rights under the Mental Health Act 1983 explained to them on admission and routinely thereafter, we saw evidence of this in patient care records.
- There were regular audits to ensure the Mental Health Act 1983 was being applied correctly.
- Patients had access to independent mental health advocates and staff were clear about how to access the support and engagement of the advocate.

However we found the following areas the provider need to improve:

- In two of four seclusion records that we reviewed, the front sheets were incomplete and the nurse in charge had not signed them before uploading to the electronic record.
- For one patient the gap between medical reviews whilst in seclusion was longer than the four hours recommended by the Mental Health Act 1983: Code of Practice.

Mental Capacity Act and Deprivation of Liberty Safeguards

- Ninety four per cent of staff had received training in the Mental Capacity Act 2005.
- There were no Deprivation of Liberty Safeguards applications made within the last 12 months. All patients in the hospital had been detained under the Mental Health Act 1983.
- Staff had a good understanding of the Mental Capacity Act and the five statutory principles.
- There was a policy on the Mental Capacity Act and Deprivation of Liberty, which staff could refer to.
- There was evidence in care records that staff had assessed patients' capacity with regard to specific decisions and that patients were given every possible assistance to make decisions for themselves before they were assumed to lack the mental capacity.
- Staff supported patients to make decisions where appropriate. When patients lacked capacity, decisions were made in their best interests taking into account the person's wishes and feelings, culture and history.

Detailed findings from this inspection

- Staff understood and where appropriate worked within the Mental Capacity Act definition of restraint.
- Staff knew where to get advice regarding mental capacity within the organisation.
- There were arrangements in place to monitor adherence to the Mental Capacity Act within the hospital.

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Acute wards for adults of working age and psychiatric intensive care units	Requires improvement	Good	Good	Good	Good	Good
Forensic inpatient/secure wards	Requires improvement	Good	Good	Good	Good	Good
Overall	Requires improvement	Good	Good	Good	Good	Good

Notes

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

Good 

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

Are acute wards for adults of working age and psychiatric intensive care unit services safe?

Requires improvement 

Safe and clean environment

- Wards were laid out in a way which allowed staff to observe all areas of the ward. The provider had installed mirrors on wards where staff did not have clear lines of sight.
- Ligation risks had been adequately assessed and mitigated in risk assessments on both wards. A ligation risk is a fixed item to which a patient might tie something for the purpose of self-strangulation. Staff were aware of the ligation risks and mitigated against these with appropriate observation levels and individual patient risk assessments. The wards complied with guidance on same sex accommodation.
- Clinic rooms on all four wards were fully equipped with accessible resuscitation equipment and emergency drugs that were checked regularly. However, the fridge lock in the clinical room on Audley ward had been broken. The provider had sourced a new lock and was awaiting fitting of the new lock at the time of the inspection.
- The seclusion rooms met the guidelines contained in the Mental Health Act 1983 Code of Practice.
- All ward areas were clean and well maintained; equipment was well maintained and safety tested, cleaning records were up to date and demonstrated regular cleaning of ward areas.
- Staff and visitors had access to personal alarms.

- We observed staff adhering to infection control principles including handwashing. There was handwashing gel on all wards for staff and patient use.
- There was a broken table tennis table on Audley ward which had sharp edges and could have posed a risk to patients, the provider promptly removed this when we raised concerns during inspection.
- On Audley ward the telephone wire was exposed, this had been reported to the estates department to be fixed.

Safe staffing

- The provider reported that for the period from 1 June 2016 to 31 May 2017 the staffing establishment levels were as follows: 21 qualified nurses and 30 health care assistants. There was a vacancy for a part time qualified nurse and no vacancies for health care assistants.
- The provider had simplified their staff recording system since the last inspection and for the majority of shifts; staffing numbers matched those on the rota. The provider reported 414 unfulfilled shifts in the three months prior to inspection.
- The provider had a shift coordinator for the hospital who was able to adjust the staffing levels on a daily basis to take account of case mix and need on the ward.
- There were enough staff to allow patients to have regular 1:1 time with their named nurse; however patients told us that at times when the ward was unsettled these may be rearranged.
- Patients told us that escorted leave was rarely cancelled.
- There was sufficient medical cover across the hospital including at night. The provider provided a designated room for doctors to sleep at the hospital if they were likely to be needed frequently during the night.

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

Good 

- Ninety per cent of staff were up to date with their mandatory training on the psychiatric intensive care wards.

Assessing and managing risk to patients and staff

- The provider reported 85 incidents of seclusion in the last six months from January to June 2017, the highest of which were on Audley ward with 54 incidents. We noted this had increased from 16 in six months prior to the September 2016 inspection.
- Over the same six month period there were 164 uses of restraint, of which 78 were on Frinton ward for 20 different patients. We noted that the number of restraints had decreased from 116 in six months prior to the September 2016 inspection report to 78 in six months prior this inspection.
- There were 60 incidents of prone restraint, of these 24 on Audley ward and 16 on Frinton ward resulted in rapid tranquilisation medication being used. Prone restraint is a method of restraint used to hold a patient in the chest down position.
- Where restraint and rapid tranquilisation medication was used we saw evidence in case records that it was done as a last resort when de-escalation had failed. Physical health monitoring had been completed in line with National Institute for Health and Care Excellence (NICE) guidance. "Rapid Tranquilisation is when medicines are given to a person who is very agitated or displaying aggressive behaviour to help quickly calm them. This is to reduce any risk to themselves or others and allow them to receive the medical care that they need." (NICE 2014).
- The provider was actively working to reduce restrictive practice and held restrictive practice monitoring group meetings monthly to look at reducing restrictive practice across all pathways in the hospital.
- We looked at 12 patient care records, all records were comprehensive and contained up to date care plans and risk assessments. Patients had signed their care plan and staff offered the patient a copy.
- Staff used recognised risk assessment tools; historical clinical risk management (HCR-20) and the short term assessment of risk (START).
- There were effective policies for observation procedures and staff searched patients when they left and returned to the wards.

- Staff were up to date with safeguarding training, and knew how to make a safeguarding referral when appropriate.
- We looked at 32 prescription charts and found that medicine management and prescribing was within National Institute for Health and Care Excellence guidance. The pharmacy had stated the percentage of medication used within British National Formulary limits for accuracy of prescribing and where limits were above the guidance a clear rationale had been provided and the opinion of a second opinion doctor had been sought.
- There were procedures for visitors to the hospital and family visits including those with children were facilitated in a visitor's room.

Track record on safety

- The provider reported 15 serious incidents from 1 June 2016 to 31 May 2017.
- The incident log showed many incidents were in relation to self-harm of patients.
- The provider was able to demonstrate the investigation procedure for dealing with incidents and we saw team meeting agenda minutes which showed clear dissemination of learning from incidents to the multidisciplinary team.

Reporting incidents and learning from when things go wrong

- Staff we spoke with knew what incidents to report and used an electronic recording system to report incidents.
- Staff were open and transparent and explained to patients when things went wrong.
- Staff told us they received feedback from investigation of incidents at team meetings and in managerial supervision.
- Staff were offered a debrief after serious incidents.

Are acute wards for adults of working age and psychiatric intensive care unit services effective?

(for example, treatment is effective)

Good 

Assessment of needs and planning of care

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

Good 

- We looked at 12 patient care records, all of which had comprehensive and timely assessment completed after admission.
- Care records showed that physical examination has been undertaken and that there was ongoing monitoring of physical health problems.
- Care records were up to date and personalised, with holistic recovery-orientated care plans.
- All information was stored electronically with paper copies kept in individual patient records on the ward. The information was available to staff when they needed it including when patients moved between wards.

Best practice in treatment and care

- Prescription charts showed that staff followed National Institute for Health and Care Excellence guidance for prescribing medication. The pharmacist had written the percentage of medication prescribed to help staff remain within British National Formulary limits and reduce the risk of multiple medications being prescribed for the same problem.
- Both psychiatric intensive care wards offered psychological interventions recommended by National Institute for Health and Care Excellence. Personal behavioural support plans were based on dialectical behaviour therapy.
- There was access to physical healthcare including access to specialist care at the local hospital when needed.
- Patients' nutrition and hydration needs were assessed and met, there was a dietician on site to support patients in making healthy choices and plan specialised diets for patients as necessary.
- Staff used recognised rating scales to assess and record treatment outcomes. Health of the Nation Outcome Scale was routinely used on all wards.
- Staff regularly participated in clinical audit.

Skilled staff to deliver care

- There was a full range of staff available to deliver care including nurses, psychologists, occupational therapists, social workers, consultant psychiatrists, associate specialists, dieticians, technical instructors, health care assistants and pharmacists.

- Staff were experienced, there was a preceptorship programme in place for newly qualified nurses and healthcare assistants were required to complete the national care certificate as part of their probation.
- There was specialist physical healthcare team on site ensuring the regular monitoring of patients' physical healthcare.
- Staff were supervised monthly and appraised yearly. One hundred per cent of staff had received regular clinical supervision and an appraisal during the last 12 months.
- Ward teams held monthly team meetings and managers were available to staff when they needed them.
- Several staff had been released to complete their dialectical behaviour therapy training.
- Managers addressed poor staff performance promptly and effectively. Managers told us that most performance issues with new staff had been addressed during the probationary period.

Multi-disciplinary and inter-agency team work

- There were regular multidisciplinary meetings on all wards and we reviewed the minutes of these.
- We observed two handover meetings and saw that handovers covered risk levels, observations and an overview of the patient's presentation.
- Handovers were recorded to inform staff arriving at later times.
- There were effective working relationships with other teams and we observed teams working with community teams to facilitate discharge of patients.
- Staff told us they had effective relationships with other teams outside of the organisation including the local safeguarding authority, and regular care and treatment reviews with commissioners.

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

- A competent staff member at St Andrew's examined Mental Health Act papers on arrival. Pink papers were copied and scanned onto electronic records. Original papers were then sent to the centralised Mental Health Act office in Northampton. This meant that there could be delays if patients needed to be transferred to other care providers. However, the provider explained the process for storage and transfer of papers, and stated there had been no incidents of papers being delayed as a result of their process.

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

Good 

- Staff knew who the Mental Health Act administrators were. Mental Health Act administrators were based in Northampton but were able to offer support in making sure that the Mental Health Act 1983 was followed in relation to renewals and consent to treatment and appeals against detention.
- Ninety four per cent of staff had completed mandatory training on the Mental Health Act 1983.
- Staff we spoke with had a good understanding of the Mental Health Act 1983, the code of practice and its guiding principles.
- The provider kept clear records of leave granted to patients and staff and carers were aware of the leave granted and the crisis contingency measures associated with these.
- Consent to treatment forms were attached to all prescription charts and capacity requirements were adhered to.
- Patients had their rights under the Mental Health Act 1983 explained to them on admission and routinely thereafter, we saw evidence of this in patient care records.
- There were regular audits to ensure the Mental Health Act 1983 was being applied correctly.
- Patients had access to independent mental health advocates and staff were clear about how to access the support and engagement of the advocate.

However we found the following areas the provider need to improve:

- For two of the seclusion records that we reviewed the front sheets were incomplete and the nurse in charge had not signed them before uploading to the electronic record.
- For one patient the gaps between medical reviews whilst in seclusion was longer than the four hours recommended by the Mental Health Act 1983: Code of Practice.

Good practice in applying the Mental Capacity Act

- Ninety four per cent of staff had training in the Mental Capacity Act 2005.
- There were no Deprivation of Liberty applications made within the last 12 months. All patients in the hospital were detained under the Mental Health Act 1983.
- Staff had a good understanding of the Mental Capacity Act and the five statutory principles.

- There was a policy on the Mental Capacity Act and Deprivation of Liberty, which staff could refer to.
- There was evidence in care records that staff assessed patients' capacity with regard to specific decisions. Patients were given every possible assistance to make decisions for themselves before they were assumed to lack mental capacity.
- Patients were supported to make decisions where appropriate and when they lacked capacity decisions were made in their best interests taking into account the person's wishes and feelings, culture and history.
- Staff understood and where appropriate worked within the Mental Capacity Act definition of restraint.
- Staff knew where to get advice regarding mental capacity within the organisation.
- There were arrangements in place to monitor adherence to the Mental Capacity Act within the hospital.

Are acute wards for adults of working age and psychiatric intensive care unit services caring?

Good 

- Following our inspection in September 2016, we rated the services as good for caring. Since that inspection we have received no information that would cause us to re-inspect this key question or change the ratings.

Are acute wards for adults of working age and psychiatric intensive care unit services responsive to people's needs? (for example, to feedback?)

Good 

Access and discharge

- The average bed occupancy over the last six months was 46% on Frinton ward and 79% on Audley ward.
- Patients' beds were not released for use whilst they were on leave. They always had a bed to return to.

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

Good 

- Patients were not moved between wards unless on clinical grounds. Occasionally patients were secluded on other wards due to unavailability of a seclusion room on their ward. Patients also moved to rehabilitation focused wards as part of their recovery.
- When patients were moved or discharged this happened at an appropriate time of day.
- Patients' care plans identified section 117 aftercare services to be provided for those who had been subject to section 3 of the Mental Health Act 1983.

The facilities promote recovery, comfort, dignity and confidentiality

- There was a full range of rooms and equipment to support treatment and care.
- There were designated quiet areas on all wards and there was a visitor's room near the hospital entrance that patients could use to meet with family and friends.
- There was a phone room on all wards to facilitate patients making calls in private.
- Patients were given a welcome pack on the psychiatric intensive care wards, which contained essential items for hygiene and enhanced their wellbeing.
- Each ward had its own designated outside space. Patients had access to fresh air at regular intervals throughout the day.
- Patients had access to good quality food and were able to choose from a varied menu. There were kitchens on all wards and patients were able to access hot drinks and snacks where they were appropriately risk assessed. Where patients were unable to make hot drinks and snacks staff would make them for them.
- Patients were able to personalise their bedrooms and had lockable cupboards in which to store their personal belongings.
- Patients had a personalised activities time table, although patients told us that there was not as much activity at weekends. The provider had recently employed a technical instructor tasked with improving access to activities.
- The external door to the garden from the extra care suite on Audley ward was clear glass and therefore visible from the garden meaning that patients' privacy and dignity may not be maintained. This was raised with the provider who agreed to address the issue.

Meeting the needs of all people who use the service

- There was a range of facilities for patients requiring assisted access to bathroom facilities.
- There was a range of information in leaflet and poster form on all wards about treatment objectives, patients' rights, how to complain and access to advocacy services. Staff told us they could easily access information in other languages should they need to.
- Staff told us they could access interpreters if necessary.
- The catering team provided access to a range of foods to meet dietary requirements including those required to meet religious or cultural needs.
- The hospital had access to a chaplain who had links to other faith leaders in the local community. The hospital had a multi-faith room with adjoining washing facility where people could wash their hands and feet before prayer.

Listening to and learning from concerns and complaints

- There were a total of four complaints about ineffective communication between staff and patients and carers across the psychiatric intensive care wards in the last 12 months. None of these complaints were upheld.
- Patients we spoke with knew how to complain and said they received feedback about their complaints at community meeting or during individual appointments. For formal complaints patients received written acknowledgement of their complaint and actions taken by the provider as a result.
- Staff we spoke with knew how to handle complaints appropriately and told us that they received feedback on the outcome of complaints investigations. We saw evidence of learning from complaints both in meeting minutes and on the provider complaints dashboard.

Are acute wards for adults of working age and psychiatric intensive care unit services well-led?

Good 

Vision and values

- The provider's vision was "transforming lives by building world class mental health services". The charity had four core values known as CARE values of compassion, accountability, respect and excellence.

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

Good 

- Staff we spoke with knew the organisation's vision and values and told us they agreed with them. There were posters displaying the vision and values on the wards.
- Staff we spoke with knew who the most senior managers in the organisation were and felt well supported by them.

Good governance

- There was an effective system in place to monitor performance and safety. There were weekly manager and matron meetings to review issues and incidents. There were monthly quality and safety meetings which included the managers, clinicians and compliance manager.
- Managers ensured that staff received mandatory training.
- Managers appraised staff annually and staff received clinical supervision monthly. Shifts were covered by sufficient numbers of staff with the right grades and experience.
- Staff told us that they were able to maximise their time on direct care activities as opposed to administration duties.
- The provider did not have a policy for managerial supervision but staff told us that they received managerial supervision.

Leadership, morale and staff engagement

- Staff told us that morale had improved recently and attributed this to new members of the leadership team.
- There were no reported cases of bullying and harassment, and staff we spoke with told us they knew how to use the whistle-blowing process and felt confident to do so without fear of victimisation.
- Staff we spoke with told us there was a culture of team working and mutual support.
- The provider offered flexible working arrangements available for staff.
- Managers supported staff with career development and supported staff to access opportunities for leadership and development.
- Staff we spoke with told us that managers supported them to access specialist training, for example dialectical behaviour therapy training.
- Staff also told us that they were offered the opportunity to give feedback on services and input into service development. For example they had been involved in the recent renovation of therapeutic space on the wards.
- Staff were open and transparent and explained to patients if things went wrong.

Commitment to quality improvement and innovation

- The provider is a member of the Quality Network for Forensic Mental Health Services. They had a peer review in May 2017 and were awaiting the report for this.

Forensic inpatient/secure wards

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

Are forensic inpatient/secure wards safe?

Requires improvement 

Safe and clean environment

- Wards were laid out in a way which allowed staff to observe all areas of the ward. The provider had installed mirrors on wards where staff did not have clear lines of sight.
- Ligature risks had been adequately assessed and mitigated in risk assessments on the majority of wards. A ligature risk is a fixed item to which a patient might tie something for the purpose of self-strangulation. Staff were aware of the ligature risks and mitigated against these with relevant observation levels and individual patient risk assessments. On Hadleigh ward we drew the provider's attention to a cupboard which posed a ligature risk. The provider removed this during our inspection.
- The wards complied with guidance on same sex accommodation.
- Clinic rooms on all four wards were fully equipped with accessible resuscitation equipment and emergency drugs that staff checked regularly.
- The seclusion rooms met the guidelines contained in the Mental Health Act Code 1983 of Practice. However, the intercom in the seclusion room on Colne ward was not working and staff needed to shout through the door to maintain two way communication with patients. Ward staff had reported this to the provider and the provider assured us that they were working to get the intercom fixed.

- All ward areas were clean and well maintained with Danbury ward undergoing refurbishment to accommodate a therapy room and games room during the inspection. All ward areas were undergoing decoration. Patients had been involved in designing art work on the walls reflecting therapy goals.
- We observed staff adherence to infection control principles including handwashing. There was handwashing gel on all wards for staff and patients use. Equipment was well maintained and safety tested.
- Cleaning records were up to date and demonstrated regular cleaning of ward areas.
- Staff and visitors had access to personal alarms.

Safe staffing

- The provider reported that for the period from 1 June 2016 to 31 May 2017 the staffing establishment levels were as follows: 51 qualified nurses and 80 health care assistants. There were nine vacancies for qualified nurses and four vacancies for health care assistants. St Andrews was actively looking to recruit staff and were using regular bank staff or one agency bureau to fill vacant shifts minimising the risk of inconsistency in staffing and improving continuity of care.
- The provider had simplified their staff recording system since the last inspection and for the majority of shifts; staffing numbers matched those on the rota. There had been 477 unfulfilled shifts across the four wards during the three months prior to inspection.
- The provider had a shift coordinator for the hospital who was able to adjust the staffing levels on a daily basis to take account of case mix and need on the ward.
- There were enough staff to allow patients to have regular 1:1 time with their named nurse; however patients told us that at times when the ward was unsettled these may be rearranged.

Forensic inpatient/secure wards

- Patients told us that escorted leave was rarely cancelled.
- There was sufficient medical cover across the hospital including at night. The provider provided a designated room for doctors to sleep at the hospital if they were likely to be needed frequently during the night.
- Ninety per cent of staff were up to date with their mandatory training however 87% of staff on the women's wards Colne and Maldon had completed the intermediate life support training.
- Staff were up to date with safeguarding training, and knew how to make a safeguarding referral when appropriate.
- We looked at 53 prescription charts and found that medicine management and prescribing was within National Institute for Health and Care Excellence guidance. The pharmacy had stated the percentage of medication used within British National Formulary limits for accuracy of prescribing and where limits were above the guidance a clear rationale had been provided and the opinion of a second opinion doctor had been sought.

Assessing and managing risk to patients and staff

- The provider reported 57 incidents of seclusion in the last six months, the highest of which were on Colne ward with 49 incidents.
- Over the same six month period from January to June 2017, there were 96 uses of restraint of which 82 were on Colne ward for 10 different patients.
- There were 15 incidents of prone restraint across the forensic secure inpatient wards of these 10 were on Colne ward and 5 of these resulted in rapid tranquilisation medication being used. Prone restraint is a method of restraint used to hold a patient in the chest down position. .
- Where restraint and rapid tranquilisation medication was used we saw evidence in case records that it was done as a last resort when de-escalation had failed. Physical health monitoring had been completed in line with National Institute for Health and Care Excellence (NICE) guidance.. "Rapid Tranquilisation is when medicines are given to a person who is very agitated or displaying aggressive behaviour to help quickly calm them. This is to reduce any risk to themselves or others and allow them to receive the medical care that they need." (NICE 2014)
- The provider was actively working to reduce restrictive practice and held restrictive practice monitoring group meetings monthly to look at reducing restrictive practice across all pathways in the hospital.
- We looked at 23 patient care records all records were comprehensive and contained up to date care plans and risk assessments. Patients had signed their care plan and staff offered a copy.
- Staff used recognised risk assessment tools; historical clinical risk management (HCR-20) and the short term assessment of risk (START).
- There were effective policies for observation procedures and staff searched patients when they left and returned to the wards.

- There were procedures for visitors to the hospital and family visits including those with children were facilitated in a visitor's room.

Track record on safety

- The provider reported 49 serious incidents across the four forensic/secure wards from 1 June 2016 to 31 May 2017
- The incident log showed many incidents were in relation to self-harm of patients.
- The provider was able to demonstrate the investigation procedure for dealing with incidents and we saw team meeting agenda minutes, which showed clear dissemination of learning from incidents to the multidisciplinary team.

Reporting incidents and learning from when things go wrong

- Staff we spoke with knew what incidents to report and used an electronic recording system to report incidents.
- Staff were open and transparent and explained to patients when things went wrong.
- Staff told us they received feedback from investigation of incidents at team meetings and in managerial supervision.
- There was evidence that changes had been made as a result of feedback. An example of this was a recent incident where a patient had ripped off a toilet seat and used it to smash some light fittings in order to use as weapons. The provider had made the area safe and was investigating replacing the toilets and light fittings with non-breakable ones.
- Staff were offered a debrief after serious incidents.

Forensic inpatient/secure wards

Are forensic inpatient/secure wards effective?

(for example, treatment is effective)

Good 

Assessment of needs and planning of care

- We looked at 23 patient care records, all of which had comprehensive and timely assessment completed after admission.
- Care records showed that physical examination had been undertaken and that there was on-going monitoring of physical health problems.
- Care records were up to date and personalised with holistic, recovery-orientated care plans.
- All information was stored electronically with paper copies kept in individual patient records on the ward. The information was available to staff when they needed it including when patients moved between wards.

Best practice in treatment and care

- Prescription charts showed that staff followed National Institute for Health and Care Excellence guidance for prescribing medication. The pharmacist had written the percentage of medication prescribed to help staff remain within British National Formulary limits and reduce the risk of multiple medications being prescribed for the same problem.
- All four wards offered psychological interventions recommended by National Institute for Health and Care Excellence. Personal behavioural support plans were based on dialectical behaviour therapy. There was a delay in access to psychological therapy on Hadleigh ward whilst the provider recruited to cover absence.
- There was good access to physical healthcare including access to specialist care at the local hospital when needed.
- Patients' nutrition and hydration needs were assessed and met, there was a dietician on site to support patients in making healthy choices and plan specialised diets for patients as necessary.
- Staff used recognised rating scales to assess and record treatment outcomes. Health of the Nation Outcome Scale was routinely used on all wards.

- Staff regularly participated in clinical audit.

Skilled staff to deliver care

- There was a full range of professionals available to deliver care including nurses, psychologists, occupational therapists, social workers, consultant psychiatrists, associate specialists, dieticians, technical instructors, health care assistants and pharmacists.
- Staff were experienced, there was a preceptorship programme in place for newly qualified nurses and healthcare assistants were required to complete the national care certificate as part of their probation.
- Managers appraised staff annually and staff received clinical supervision monthly. 100% of staff had received supervision and appraisal during the last 12 months.
- Ward teams held monthly team meetings and managers were available to staff when they needed them.
- Ninety per cent of staff had completed mandatory training and were also able to access specialist training. Managers had released several staff to complete their dialectical behaviour therapy training.
- Managers addressed any poor staff performance promptly and effectively. Managers told us that performance issues with staff were addressed for new staff during the probationary period.

Multi-disciplinary and inter-agency team work

- There were regular multidisciplinary meetings on all wards and we reviewed the minutes of these.
- We observed two handover meetings and saw that handovers covered risk levels, observations and an overview of the patient's presentation. Handovers were recorded to inform staff arriving at later times.
- There were effective working relationships with other teams and we saw teams working with community teams to facilitate discharge of patients.
- Staff told us they had effective relationships with other teams outside of the organisation including the local safeguarding authority, and regular care and treatment reviews with commissioners.

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

- A competent staff member at St Andrew's examined Mental Health Act papers on arrival. Pink papers were copied and scanned onto electronic records. Original papers were then sent to the centralised Mental Health Act office in Northampton. This meant that there could

Forensic inpatient/secure wards

be delays if patients needed to be transferred to other care providers. However, the provider explained the process for storage and transfer of papers, and stated there had been no incidents of papers being delayed as a result of their process.

- Staff knew who the Mental Health Act administrators were. Mental Health Act administrators were based in Northampton but were able to offer support in making sure that the Mental Health Act 1983 was followed in relation to renewals and consent to treatment and appeals against detention.
- Ninety four per cent of staff had completed mandatory training on the Mental Health Act 1983.
- Staff we spoke with had a good understanding of the Mental Health Act 1983, the code of practice and its guiding principles.
- The provider kept clear records of leave granted to patients and staff and carers were aware of the leave granted and the crisis contingency measures associated with these.
- Consent to treatment forms were attached to all prescription charts and capacity requirements were adhered to.
- Patients had their rights under the Mental Health Act 1983 explained to them on admission and routinely thereafter, we saw evidence of this in patient care records.
- There were regular audits to ensure the Mental Health Act 1983 was being applied correctly.
- Patients had access to independent mental health advocates and staff were clear about how to access the support and engagement of the advocate.

However we found the following areas the provider need to improve:

- For two of the seclusion records reviewed the front sheets were incomplete and the nurse in charge had not signed these before uploading to the electronic recording.
- For one patient the gaps between medical reviews whilst in seclusion was longer than the 4 hours recommended by the Mental Health Act 1983: Code of Practice.

Good practice in applying the Mental Capacity Act

- Ninety four per cent of staff had training in the Mental Capacity Act 2005.

- There were no Deprivation of Liberty Safeguards applications made within the last 12 months. All patients in the hospital had been detained under the Mental Health Act 1983.
- Staff had a good understanding of the Mental Capacity Act and the five statutory principles.
- There was a policy on the Mental Capacity Act and Deprivation of Liberty, which staff could refer to.
- There was evidence in care records that staff assessed patient's capacity with regard to specific decisions. Patients were given every possible assistance to make decisions for themselves before they were assumed to lack the mental capacity to make it.
- Staff supported patients to make decisions where appropriate. When patients lacked capacity, decisions were made in their best interests taking into account the person's wishes and feelings, culture and history.
- Staff understood and where appropriate worked within the Mental Capacity Act definition of restraint.
- Staff knew where to get advice regarding mental capacity within the organisation.
- There were arrangements in place to monitor adherence to the Mental Capacity Act within the hospital.

Are forensic inpatient/secure wards caring?

Good 

- Following our inspection in September 2016, we rated the services as good for caring. Since that inspection we have received no information that would cause us to re-inspect this key question or change the rating.

Are forensic inpatient/secure wards responsive to people's needs? (for example, to feedback?)

Good 

Access and discharge

- The average bed occupancy over the last six months was 96%. All four wards had bed occupancy above 85%.

Forensic inpatient/secure wards

- Patients' beds were not released for use whilst they were on leave. They always had a bed to return to.
- Patients were not moved between wards unless on clinical grounds. Occasionally patients were secluded on other wards due to unavailability of a seclusion room on their ward. Patients also moved to rehabilitation focused wards as part of their recovery.
- When patients were moved or discharged this happened at an appropriate time of day.
- Discharges were well planned during the period from 1 June 2016 to 31 May 2017 Maldon ward, Danbury ward and Hadleigh ward each had one delayed discharge. The provider told us this was due to there being delays in commissioning community packages and onward placements.
- Patients' care plans identified section 117 aftercare services to be provided for those who had been subject to section 3 of the Mental Health Act 1983 or equivalent.

The facilities promote recovery, comfort, dignity and confidentiality

- There was a full range of rooms and equipment to support treatment and care. On Danbury ward they were undergoing works to create a games room and therapy / meeting room.
- There were designated quiet areas on all wards and there was a visitor's room near the hospital entrance that patients could use to meet with family and friends.
- There was a phone room on all wards to facilitate patients making calls in private. Hadleigh ward were piloting the use of mobile telephones for patients.
- Each ward had its own designated outside space. Patients had access to fresh air at regular intervals throughout the day.
- Patients had access to good quality food and were able to choose from a varied menu. Patients were able to use the hospital café depending on their risk assessment.
- There were kitchens on all wards and patients were able to access hot drinks and snacks where they were appropriately risk assessed. Where patients were unable to make hot drinks and snacks staff would make them for them.
- Patients were able to personalise their bedrooms and had lockable cupboards in which to store their personal belongings.

- Patients had a personalised activities time table, although patients told us that there was not as much activity at weekends. The provider had recently employed another technical instructor tasked with improving access to activities.

Meeting the needs of all people who use the service

- There were facilities for patients requiring assisted access to bathroom facilities.
- There was a range of information in leaflet and poster form on all wards about treatment objectives, patients' rights, how to complain and access to advocacy services. Staff told us they could easily access information in other languages should they need to.
- Staff told us they could access interpreters if necessary.
- The catering team provided access to a range of foods to meet dietary requirements including those required to meet religious or cultural needs.
- The hospital had access to a chaplain who had links to other faith leaders in the local community. The hospital had a multi faith room with adjoining washing facility where people can wash their hands and feet before prayer.

Listening to and learning from concerns and complaints

- There were nine complaints across the forensic secure wards in the last 12 months. Of these, six complaints were upheld; two were regarding lack of psychology for male patients, which has now been resolved, and four regarding communication with patients.
- Patients we spoke with knew how to complain and said they received feedback about their complaints at community meeting or during individual appointments. For formal complaints patients received written acknowledgement of their complaint and actions taken by the provider as a result.
- Staff we spoke with knew how to handle complaints appropriately and told us that they received feedback on the outcome of complaints investigations. We saw evidence of learning from complaints both in meeting minutes and on the provider complaints dashboard.

Are forensic inpatient/secure wards well-led?

Forensic inpatient/secure wards

Good 

Vision and values

- The provider's vision was "transforming lives by building world class mental health services". The charity had four core values known as CARE values of compassion, accountability, respect and excellence.
- Staff we spoke with knew the organisation's vision and values and told us they agreed with them. There were posters displaying the vision and values on the wards.
- Staff we spoke with knew who the most senior managers in the organisation were and felt well supported by them.

Good governance

- There was an effective system in place to monitor performance and safety. There were weekly manager and matron meetings to review issues and incidents. There were monthly quality and safety meetings which included the managers, clinicians and compliance manager.
- Managers ensured that staff received mandatory training.
- Managers appraised staff annually and supervised them monthly.
- Shifts were covered by sufficient numbers of staff with the right grades and experience.
- Staff told us that they were able to maximise their time on direct care activities as opposed to administration duties.
- The provider did not have a policy for managerial supervision but staff told us that they received managerial supervision.

- The recent appointment of the matron to oversee the hospital management had resulted in a significant improvement in management oversight.

Leadership, morale and staff engagement

- Staff told us that morale had improved recently and attributed this to new members of the leadership team.
- There were no reported cases of bullying and harassment, and staff we spoke with told us they knew how to use the whistle-blowing process and felt confident to do so without fear of victimisation.
- Staff we spoke with told us there was a culture of team working and mutual support.
- The provider offered flexible working arrangements available for staff.
- Managers supported staff with career development and supported staff to access opportunities for leadership and development. Staff we spoke with told us that managers supported them to access specialist training for example dialectical behaviour therapy training.
- Staff also told us that they were offered the opportunity to give feedback on services and input into service development. For example they had been involved in the recent renovation of therapeutic space on the wards.
- Staff were open and transparent and explained to patients if things went wrong.

Commitment to quality improvement and innovation

- The provider is a member of the Quality Network for Forensic Mental Health Services. They had a peer review in May 2017 and are awaiting the report for this.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **MUST** take to improve

- The provider must ensure a further reduction in the use of restrictive practices.

Action the provider **SHOULD** take to improve

- The provider should consider developing guidance for managerial supervision.
- The provider should ensure that patients' privacy is maintained in the extra care suite where the glass panel allowed people to see in.
- The provider should ensure that medical reviews of all secluded patients occur within the four hour period.
- The provider should ensure that seclusion records are completed before they are uploaded to the electronic recording system.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment There was a high number of incidents of restraint and seclusion across the hospital. This was a breach of regulation 12