**Review of compliance**

### West London Mental Health NHS Trust
**Broadmoor Hospital**

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| **Location address:** | Broadmoor Hospital  
Crowthorne  
Berkshire  
RG45 7EG |
| **Type of service:** | Doctors consultation service  
Doctors treatment service  
Hospital services for people with mental health needs, learning disabilities and problems with substance misuse |
| **Date of Publication:** | May 2012 |
| **Overview of the service:** | Broadmoor Hospital is a location of West London Mental Health NHS Trust. It is registered to provide the regulated activities Assessment or medical treatment for people detained under the Mental Health Act 1983, diagnostic and |
| screening procedures and treatment of disease, disorder or injury. |
Our current overall judgement

Broadmoor Hospital was meeting all the essential standards of quality and safety.

The summary below describes why we carried out this review, what we found and any action required.

Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 15 February 2012, carried out a visit on 23 February 2012, checked the provider's records, observed how people were being cared for, talked to staff, reviewed information from stakeholders and talked to people who use services.

What people told us

Patients told us they were given information about the hospital and how their treatment and care would be delivered. They told us weekly community meetings were held and ward based patient representatives said they attended the monthly patient forum meetings.

Patients reported there was access to a good range of facilities including the gym. They said there was a programme of activities but the advertised activity didn’t always take place particularly in the evening or at weekends. They told us they made choices about their dietary needs to maintain their religious and cultural requirements.

Patients told us they were involved in developing their care plan and in making decisions about their support needs. They said they knew about the medication they were taking. They said they could use the advocacy service to support them when meeting with medical and nursing staff.

Patients were in general positive about staff on the wards. They told us there were a number staff leaving which they said was "a bit of a worry". They told us they were satisfied with the standard of care provided. A patient's relative told us that "he (the patient) had hopes for the future and was looking forward to his discharge and reintegration into the community".

We provided Broadmoor Hospital with 24 hours notice of the inspection. We were provided with a list of wards and chose to visit Newmarket, Isis, Epsom and Leeds Wards. We spoke with patients in informal groups and individually on the wards.
What we found about the standards we reviewed and how well Broadmoor Hospital was meeting them

Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Patients were aware of the care, treatment and support options available to them. They had opportunities to give their views and influence how the service was provided.

Overall Broadmoor Hospital was meeting this essential standard.

Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights

Patients received safe, effective treatment, care and support that met their needs and protected their rights.

Overall Broadmoor Hospital was meeting this essential standard

Outcome 07: People should be protected from abuse and staff should respect their human rights

The hospital had robust processes in place to protect vulnerable adults and safeguard children visiting the service. Staff were trained to recognise and report incidents of abuse.

Overall Broadmoor Hospital was meeting this essential outcome.

Outcome 09: People should be given the medicines they need when they need them, and in a safe way

People who use the service have their medicines given at the times that they need them, and in a safe way.

Overall Broadmoor Hospital was meeting this essential standard.

Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills

There were systems in place to provide staff with information and support during a time of significant change in the hospital. Staff were able to access training to maintain and develop their skills to ensure patients received safe treatment, care and support.

Overall Broadmoor Hospital was meeting this essential standard.

Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

The hospital had systems in place to monitor the quality of service provided and to investigate, monitor and minimise risks to patients and staff.
Overall Broadmoor Hospital was meeting this essential standard.

**Other information**

Please see previous reports for more information about previous reviews.
What we found for each essential standard of quality and safety we reviewed
The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

**Compliant** means that people who use services are experiencing the outcomes relating to the essential standard.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*
Outcome 01:
Respecting and involving people who use services

What the outcome says
This is what people who use services should expect.

People who use services:
* Understand the care, treatment and support choices available to them.
* Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
* Have their privacy, dignity and independence respected.
* Have their views and experiences taken into account in the way the service is provided and delivered.

What we found

Our judgement
The provider is compliant with Outcome 01: Respecting and involving people who use services

Our findings

What people who use the service experienced and told us
Patients told us they were given information about the hospital and how their treatment and care would be delivered.

They told us weekly community meetings were held and ward based patient representatives said they attended the monthly patient forum meetings. They told us senior managers attended the meeting and they were able to raise concerns, issues and discuss matters that impacted on their lives. We looked at patient comments books which were available in the communal area of the wards. These were mainly used to document comments about catering issues to be raised at the weekly community meeting.

Patients reported there was access to a good range of facilities including the gym. They said there was a programme of activities but the advertised activity didn't always take place particularly in the evening or at weekends. They told us this was because staff were either too busy or as one person said "not interested".

Patients said their privacy and dignity was promoted as much as possible. We saw the viewing portals in patient's room doors were covered by cloth screens and staff told us the hatches weren't used as the noise they made disturb patients at night. Mental
Health Act commissioners have raised this issue on other wards not visited by us at the time of the inspection. We saw a number of patients in seclusion who were all appropriately dressed and one told us he felt safe. Personal items were seen in rooms and staff told us specific requests were reviewed on a case by case basis. Patients told us they were able to choose food to maintain their religious and cultural requirements.

Visitors to the hospital told us they were provided with information before their visit and that staff had been helpful in explaining how the visiting centre operated.

**Other evidence**

Staff confirmed they held weekly community meetings with patients on the ward and they were able to raise issues and discuss concerns or events. Information for patients was displayed on notice boards.

Managers confirmed there was an active patient forum and meetings were held monthly. Senior managers told us they usually attended the meetings to ensure patients were provided with up to date information about changes and issues in the hospital, they also said it was an opportunity to dispel rumours.

Managers also told us there was a carer and friend's forum; meetings were arranged quarterly but not well attended. The hospital had filmed a video about Broadmoor Hospital that was available to view through the trust website to inform patients, relatives and the public about the treatment and care provided.

We saw the programmes of general activities available for patients on the wards visited. Staff told us patients also had individual activity plans and the hospital had implemented an activity coordinator role.

**Our judgement**

Patients were aware of the care, treatment and support options available to them. They had opportunities to give their views and influence how the service was provided.

Overall Broadmoor Hospital was meeting this essential standard.
Outcome 04:
Care and welfare of people who use services

What the outcome says
This is what people who use services should expect.

People who use services:
* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement
The provider is compliant with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us
Patients told us they were involved in developing their care plan and in making decisions about their support needs.
They knew who their designated Care Programme Assessment (CPA) coordinator was and told us they had discussed the plan with them. We saw entries in the records to confirm the meetings had taken place as described.
We saw patients were encouraged, as part of the model of care, to record their 'story' about their treatment and progress which was then used in the CPA meeting discussions.

Patients told us they could use the services of the Independent Mental Health Advocate to assist them during assessments and discussions with medical and nursing staff. We were told the advocacy service was given a daily list of patients in seclusion and they confirmed they would visit them.

Other evidence
Nursing staff told us care plans were developed on admission to deal with the patients immediate needs and then over a period of months as they developed a relationship with the patient and identified their needs. Staff confirmed they held regular meetings with patients to discuss progress and agree any changes to the plan. The trust monitors the completion of records as part of a regular programme of audits.

We reviewed 10 care plans and found them sufficiently robust and detailed to inform practitioners how to respond to patient need which was consistent with safe and secure
care. Our Mental Health Act commissioners had visited Newmarket Ward in January 2012 and noted that two patients were not made aware of alternative pathways of care when they did not agree to high dose drug therapy recommended by their consultant. The trust had provided a response to the commissioners request for their comments.

Staff raised concerns about patient's physical healthcare being compromised by the choices patients made. They told us they tried to promote healthy living options in food choices and exercise but patients did not always respond positively to it. We were told of the one to one programmes developed by the activity coordinator for patients with a Body Mass Index (BMI) score of over 30 and the positive effects this had on motivating the individual and others. Care records showed patient's general healthcare was monitored.

**Our judgement**
Patients received safe, effective treatment, care and support that met their needs and protected their rights.

Overall Broadmoor Hospital was meeting this essential standard
Outcome 07: Safeguarding people who use services from abuse

What the outcome says
This is what people who use services should expect.

People who use services:
* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

What we found

Our judgement
The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us
Patients were not asked about this outcome on this occasion.

Other evidence
We received anonymous information that patients were not being adequately protected against safeguarding issues.

The hospital had adapted the trust safeguarding policy to meet the needs of the specialist setting and the local authority (Bracknell Forest) safeguarding policies. We were told the policy and safeguarding tolerances had been reviewed and were in line with other high secure hospitals.

The local authority safeguarding lead told us they worked closely with the Responsible Practitioner (RP) at the hospital and had been involved in developing the safeguarding policies, procedures and training. They confirmed they received an annual report of all safeguarding incidents reported and investigated at the hospital. We were provided with a copy of the 2010-11 report which included an analysis of the numbers and types of safeguarding incidents. The safeguarding lead confirmed the RP was a member of the Bracknell Forest Safeguarding Board. We were also told the lead person had been involved in strategy meetings held to investigate allegations of potential abuse at Broadmoor.

The RP told us they had implemented a 'grab pack' for staff to use when a safeguarding issue was suspected. The pack included a flowchart of the actions to take, referral
forms and immediate safeguarding care plan templates to be completed if needed. We saw the grab packs displayed in ward offices and staff told us where they could be found and confirmed they had received training in its use.

The RP told us social workers were trained to lead safeguarding investigations in clinical teams. We saw the terms of reference and minutes of the two monthly Safeguarding Board meeting where all open investigations were discussed and decisions and outcomes of closed cases were recorded. The RP kept a database of all reported safeguarding incidents.

The hospital had appointed a nominated officer for child visits. There was a comprehensive policy and process available to ensure children were adequately prepared and protected when visiting patients.

We have been the recipients of a number of whistle blowing contacts and to ensure all staff had an opportunity to speak to the inspection team we requested that our contact details be publicised. The Executive and Clinical Directors arranged for a statement from us to be displayed on the plasma screen in the staff entrance to the hospital for the week between our two visits. This resulted in one phone call being received.

The trust had a whistle blowing policy and posters were displayed throughout the hospital advising staff of how to raise issues confidentially to human resources. The Executive Director reported no contacts had been made using the policy but staff had raised concerns directly with her and other managers in the hospital which had been investigated.

The hospital had developed a strategy to maintain therapeutic boundaries with patients which was published in July 2011 in response to several incidents of boundary breeches. Staff confirmed there was a policy in place and they had received training in maintaining appropriate relationships with patients. Ward managers told us they had been involved in staff profiling exercises to identify potential areas of stress which could affect staff, and increase the risk of them being susceptible to breeching therapeutic boundaries with patients.

The RP and managers told us all cases of reported boundary breeches were investigated. Safeguarding plans were developed if needed for the patient and the trust disciplinary processes were used to investigate allegations. They confirmed staff were reported to the Independent Safeguarding Authority for them to take a decision to bar the person from working with vulnerable adults if an allegation was proven. The RP confirmed he was responsible for making the referrals and kept a database to keep track of them.

**Our judgement**

The hospital had robust processes in place to protect vulnerable adults and safeguard children visiting the service. Staff were trained to recognise and report incidents of abuse.

Overall Broadmoor Hospital was meeting this essential outcome.
Outcome 09: Management of medicines

What the outcome says
This is what people who use services should expect.

People who use services:
* Will have their medicines at the times they need them, and in a safe way.
* Wherever possible will have information about the medicine being prescribed made available to them or others acting on their behalf.

What we found

Our judgement
The provider is compliant with Outcome 09: Management of medicines

Our findings

What people who use the service experienced and told us
Patients were aware of the medication they were taking.

Other evidence
People detained under the Mental Health Act 1983 had either consented to their treatment or had their medicines authorised by a Second Opinion Appointed Doctor, in line with the Mental Health Act 1983 Code of Practice. When doses or medicines were changed new consent was obtained. We saw that patients were only being given medicines that had been authorised. The prescription charts were all clearly written and patient's allergies to medicines were recorded. These records showed that patients were getting their medicines at the times they needed them.

Most patients were prescribed medicines at doses at or below the recommended maximum. We saw that some patients were being given antipsychotic medicines at doses above the recommended maximum. Where this was the case the reason was clearly documented and appropriate authority given for it to happen.

When medicines were prescribed to be given on an only when needed basis the prescription charts showed what the medicine was prescribed for and the maximum amount that could be given in any 24 hour period. Whilst staff were able to tell us how decisions would be made when they were considering administering one of these medicines, there were no care plans detailing this to ensure that decisions were made...
in a consistent way by all staff.

Patients had access to medicines that they needed for their physical health needs, as well as their mental health needs. The records showed that they were being given these medicines when they needed them.

We had received information to suggest nursing staff were not competent to administer medication and action was not taken when drug errors were reported. Managers told us nursing staff received medicines management training at induction when starting employment. This included the completion of a workbook and an assessment of their competence. We were told ongoing training was identified as part of the appraisal and personal development processes. There was a process in place to report drug errors. We were provided with details of actions taken to address a reported drug error and the remedial training and competence assessment process followed by the manager and member of staff involved.

Nursing staff confirmed they received induction training and competence assessment at the start of employment and a medicines workbook was used. They said there was no formal system, other than individual staff supervision and appraisal, to ensure that, on an ongoing basis, staff had the skills and competencies necessary to safely handle medicines. When asked, nursing staff told us there was a process for managing errors or near misses and there was learning from errors at the individual or team level.

Our judgement
People who use the service have their medicines given at the times that they need them, and in a safe way.

Overall Broadmoor Hospital was meeting this essential standard.
Outcome 14: 
Supporting staff

What the outcome says
This is what people who use services should expect.

People who use services:
* Are safe and their health and welfare needs are met by competent staff.

What we found

Our judgement
The provider is compliant with Outcome 14: Supporting staff

Our findings

What people who use the service experienced and told us
Patients were in general positive about staff on the wards. They told us there were a number staff leaving which they said was "a bit of a worry". They told us activities were sometimes cancelled because "staff weren't interested or too busy".

We saw staff talking to patients and engaged in activities with them on the wards.

Other evidence
We were aware that the hospital had restructured services and staff and this had resulted in all grades of staff experiencing high levels of personal and organisational insecurity.

We met with senior managers who confirmed there had been a high degree of uncertainty in the service because of the management changes following the loss of the dangerous severe personality disorder (DSPD) service and restructuring. They told us staff at risk of redundancy were due to finish their employment at the end of the month and acknowledged it had been a difficult time for everyone at the hospital. They told us they were very aware of the need to communicate with staff and throughout the process had utilised meetings with the staff forum, the local negotiating committee and local partnership forum, newsletters, email, plasma screen messaging and the hospital intranet to try to ensure staff were kept informed. We were told staff were able to access support from counsellors if required.

Staff confirmed that there was a level of personal and organisational insecurity being experienced as a result of impending changes to the high secure services. Several told
us it was sometimes difficult to distinguish fact from rumour. We were told that staff had set up informal staff support mechanisms in addition to those established by hospital management.

Staff at various levels of seniority told us their experiences of communicating with senior managers about the changes. Senior staff told us they felt able to voice their opinions and were listened to, the more junior staff told us they felt their views were not canvassed or heard. There were also varied reactions to the changes, some staff were very positive and motivated by them whilst others felt the changes would have a negative effect on the care and treatment of patients. There was no evidence to support the views as the changes had not been fully implemented.

We saw human resource reports that detailed the monitoring of sickness/absence. The results showed Broadmoor had the highest sickness rates in the trust and there was an action plan in place to improve the management of and support to staff during periods of ill health.

Staff confirmed they received induction training on starting employment in the hospital and said additional training was agreed as part of the appraisal and personal development planning process. We saw a range of reports which showed that staff training was monitored across the organisation.

**Our judgement**

There were systems in place to provide staff with information and support during a time of significant change in the hospital. Staff were able to access training to maintain and develop their skills to ensure patients received safe treatment, care and support.

Overall Broadmoor Hospital was meeting this essential standard.
Outcome 16: Assessing and monitoring the quality of service provision

What the outcome says
This is what people who use services should expect.

People who use services:
* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

What we found

Our judgement
The provider is compliant with Outcome 16: Assessing and monitoring the quality of service provision

Our findings

What people who use the service experienced and told us
Patients told us they were satisfied with the standard of care provided. They told us they able to give their views in community meetings and through their patient representative.

Issues of importance to patients were the choice and quality of the food being served and the computerised system for ordering clothes. Staff confirmed there were delays in receiving orders but that was due to staff becoming more familiar with the system. Our Mental Health Act commissioners regularly raise patients concerns in their feedback summaries about the quality, quantity and choices of food available to patients.

Patients also said that their belongings didn't always transfer with them during ward moves and they had to wait days for them.

A patient's relative told us that "he (the patient) had hopes for the future and was looking forward to his discharge and reintegration into the community. He had said "This place has really helped me. I feel now in cruise control."

Other evidence
The hospital had policies and procedures in place to monitor the quality of service provided and identify, monitor and manage risks in the organisation.

The hospital governance structure comprised various committees with delegated
responsibility for monitoring specific areas of patient treatment, care, safety and experiences. These reported to four hospital groups for clinical effectiveness and compliance, patient safety and safeguarding, user and carer experience and the incident review group. The four groups reported to the senior management team and then into the overall trust committees. Minutes of meetings were provided to show the cascade of information through the hospital to the trust board.

The hospital maintains a local risk register and directorate meeting minutes showed that local entries were discussed and reviewed.

The hospital had a dedicated incident review group and we were told by staff who attended that all incidents were investigated in accordance with the trust policy. We reviewed four recent incident review reports. One was still in progress but the records showed the incidents had been managed in accordance with the policy. The three completed investigation reports had identified good practice points and made recommendations to address the root cause in each incident. The directorate managers were responsible for developing lessons learnt summaries to be shared with staff across the hospital to minimise the risk of similar incidents occurring elsewhere in the hospital.

Staff were aware of the incident and risk management policies and procedures. They were able to describe how incidents were reported and investigated. They told us where they had been involved in an incident they had been supported to write their statements as soon as was possible. Staff said there was usually a debriefing/support session for staff to discuss the incident. Some staff told us they were given feedback after the investigation was completed in the form of lessons learnt but not all staff showed this awareness. We saw examples of the lessons learnt summaries displayed on ward notice boards.

Our judgement
The hospital had systems in place to monitor the quality of service provided and to investigate, monitor and minimise risks to patients and staff.

Overall Broadmoor Hospital was meeting this essential standard.
What is a review of compliance?

By law, providers of certain adult social care and health care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called Guidance about compliance: Essential standards of quality and safety.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

**Improvement actions:** These are actions a provider should take so that they maintain continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

**Compliance actions:** These are actions a provider must take so that they achieve compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

**Enforcement action:** These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.
Information for the reader

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