

Sussex Partnership NHS Foundation Trust

Forensic inpatient/secure wards

Quality Report

Trust Headquarters
Swandean, Arundel Road
Worthing
West Sussex
BN13 3EP

Tel: 01903 843000

Website: www.sussexpartnership.nhs.uk

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Locations inspected

Name of CQC registered location	Location ID	Name of service (e.g. ward/unit/team)	Postcode of service (ward/unit/team)
The Hellingly Centre	RX2E9	Oak ward, Ash ward, and Willow Ward	BN27 4ER
Southview Low Secure Unit	RX2Y3	Southview Ward	BN27 4ER
The Chichester Centre	RX2X5	Hazel ward, Pine ward, Fir ward.	PO19 6GS

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

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

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

Summary of findings

Ratings

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

Overall rating for Forensic inpatient/ secure wards

Good 

Are Forensic inpatient/secure wards safe?

Good 

Are Forensic inpatient/secure wards effective?

Good 

Are Forensic inpatient/secure wards caring?

Outstanding 

Are Forensic inpatient/secure wards responsive?

Good 

Are Forensic inpatient/secure wards well-led?

Good 

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

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

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

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

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	4
The five questions we ask about the service and what we found	5
Background to the service	7
Our inspection team	7
Why we carried out this inspection	7
How we carried out this inspection	8
What people who use the provider's services say	8
Good practice	8
Areas for improvement	8

Detailed findings from this inspection

Locations inspected	9
Mental Health Act responsibilities	9
Mental Capacity Act and Deprivation of Liberty Safeguards	10
Findings by our five questions	0

Summary of findings

Overall summary

We gave an overall rating for Forensic secure inpatient wards of **good** because:

Despite the work pressures, staff were compassionate, sensitive and kind to people who use the service.

Ward managers provided good leadership and were visible and accessible to people and staff.

Staff on the wards consistently provided people with information on their rights under the Mental Health Act 1983, and checked that these were understood.

Staff received appropriate training. This included night staff who spent time on day shifts to complete mandatory training.

Care at both sites was person-centred and was assessed, planned and delivered on an individual basis. People also had the opportunity to comment on the services, and changes were made as a result of this. The care was recovery focused, with therapy and education available to support this.

Staff morale was high and the multidisciplinary teams worked well together. Staff were proud of the care they delivered. They also felt supportive of, and supported by, their colleagues, management and the trust.

Summary of findings

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

Are services safe?

We rated safe as **good** because:

The layout of all wards, except Southview, meant that staff could observe people in all parts of the ward.

Southview unit had taken steps to mitigate risks posed by the age and layout of the building and we saw that plans were in place for people to move into a purpose built unit later in 2015.

Staff regularly checked the emergency resuscitation equipment and it was kept in a place where it was readily accessible.

There were enough staff of different disciplines working on the ward and the trust was recruiting to fill the vacant posts for qualified nurses.

Staff had been trained and knew how to make safeguarding alerts.

Staff managed medicines well and had comprehensive support from the pharmacist and pharmacy technician.

Risk assessments were thorough and completed to a high and consistent standard across the service.

There were systems and processes in place to ensure the safety of staff and people who use the service.

Good



Are services effective?

We rated effective as **good** because:

Staff demonstrated a good understanding of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) and their assessments of mental capacity were well documented.

Clinical staff made a comprehensive assessment of all people that were admitted. This included a good assessment of people's physical health needs.

Multi-disciplinary teams and inter-agency working were effective in supporting people.

Staff used the Mental Health Act 1983 and the accompanying Code of Practice correctly.

The medium and low secure services were part of the Royal College of Psychiatrists Quality Network for Forensic Mental Health Services; we saw the peer reviews for both services and saw that changes had been made based on the feedback from the peer reviews.

Good



Summary of findings

Staff had appraisals and regular supervision sessions with their managers to effectively manage their performance. Staff felt they had good access to training and development opportunities

Are services caring?

We rated caring as **outstanding** because:

Staff were kind and respectful to people and recognised their individual needs.

Staff actively involved people in developing and reviewing their care plans and made sure that people had access to an advocate if they needed one.

Staff made sure that families and carers were involved when this was appropriate.

Staff on wards organised their working day so that a nurse could spend some 'one-to-one' time with each person who uses the service.

People who used services had a great variety of service user involvement opportunities, and were supported to engage with their care.

Outstanding



Are services responsive to people's needs?

We rated responsive as **good** because:

The wards were able to provide a range of different treatments and care. People could access therapeutic activities, including provision at the weekends.

Good



Are services well-led?

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

Staff knew the vision and values of the organisation.

Good local governance processes identified where the services needed to improve. Ward managers had access to a range of performance indicators and other productivity metrics.

Staff morale was good and teams worked well together.

We also saw some good examples of locally based leadership and there were clear structures in place to support the management of the teams.

Good



Summary of findings

Background to the service

Forensic secure inpatient services are based on two hospital sites at The Hellingly Centre and The Chichester Centre. They provide inpatient mental health services for detained patients aged over 18.

The hospitals are staffed 24-hours a day, 365 days a year. The teams are multidisciplinary comprising of nurses, occupational therapists, psychology, social work, medical and administration staff.

We inspected all seven wards on 13, 14 and 15 January 2014. The team was made up of an inspector, Mental Health Act Reviewer, specialist advisors and an expert by experience. The pharmacist reviewed medicine processes and records at the Chichester Centre.

Medium secure services

The Hellingly Centre is a modern purpose built medium secure hospital which provides assessment and medical treatment for people aged over 18 who have mental health problems, primarily admitted from the criminal justice system but there are patients who are subject to civil sections within the service.

Oak, Ash and Willow Ward each have 15 bed capacities. Oak is an admission and assessment ward and Ash is a treatment and recovery ward for men. Willow is an assessment, treatment and recovery ward for women.

Southview low secure unit

Southview is a low secure unit with 15 bed capacity at the Hellingly site. Southview provides an integrated service of assessment, treatment and recovery for men in a low secure environment.

We have not previously inspected the services provided by Sussex Partnership Foundation Trust at The Hellingly Centre and Southview.

Low secure services

The Chichester Centre is a purpose built low secure hospital which provides assessment, rehabilitation and treatment within a secure environment. It comprises of three low secure wards, which provide the following:-

Pine and Hazel ward each have 16 bed capacities, Fir ward has 15 beds. Fir is an admission and assessment ward and Pine is a treatment and recovery ward for men. Hazel is an assessment, treatment and recovery ward for women.

The Chichester Centre was previously inspected in August 2013, at the time of the last inspection the Chichester Centre was not meeting the essential standards relating to staffing (Regulation 22). These compliance actions were inspected as part of the comprehensive review and we found the requirements had now been met.

Our inspection team

The team that inspected the forensic secure wards consisted of 14 people: one inspection manager, one

inspector, two Mental Health Act reviewers, two nurses, a pharmacist, two psychiatrists. The team also included two Experts by Experience who had personal experience of using the type of services we were inspecting.

Why we carried out this inspection

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

Summary of findings

How we carried out this inspection

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

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

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

During the inspection visit, the inspection team:

- visited all of the wards at the two hospital sites and looked at the quality of the ward environment and observed how staff were caring for patients

- spoke with 26 patients who were using the service
- met with 2 service user focus groups and 1 staff focus group.
- spoke with the managers for each of the wards
- spoke with 39 other staff members; nurses, doctors, healthcare support workers, allied professionals and managers.
- attended and observed four hand-over meetings and three multi-disciplinary meetings.

We also:

- collected feedback from 10 patients using comment cards.
- Looked at 42 treatment records of patients.
- carried out a check of the medication management on four wards.
- looked at a range of policies, procedures and other documents relating to the running of the service.

What people who use the provider's services say

We spoke with people who use the service and their relatives. Most were positive about their experience of care on forensic/secure wards. They told us that they found staff to be very caring and supportive and most people were involved in decisions about their care.

People had regular contact with their psychiatrist and good access to therapies. They were also positive about their relationships with the staff and the attitude of the staff. People said they contributed to their care plans and that staff at all levels listened to them.

Good practice

There is nothing specific to note

Areas for improvement

Action the provider MUST or SHOULD take to improve

Action the provider SHOULD take to improve the forensic secure service

- The trust should consider adding shower facilities to the seclusion rooms at The Hellingly Centre, to preserve the dignity and respect of people and to reduce the risks posed by bringing people out of the seclusion room to use shower facilities.
- The trust should ensure staff are confident regarding the location of ligature cutters and that this location is consistent across wards.

Sussex Partnership NHS Foundation Trust

Forensic inpatient/secure wards

Detailed findings

Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
Oak, Ash and Willow ward	The Hellingly Centre
Southview	Southview
Fir, Pine and Hazel ward	The Chichester Centre

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.

The documentation in respect of the Mental Health Act was generally good. Paperwork about people's detentions was up to date and stored correctly. For renewals of detention, hospital managers' hearings were timely and well recorded. We found that section papers were not present on all files and had been archived. Ward managers were able to resolve this when we brought it to their attention.

There were copies of consent to treatment forms accompanying the medication charts. The pharmacist had highlighted where medication was prescribed for the mental illness.

Staff routinely explained to people what their rights were under the Mental Health Act 1983 (MHA). This happened on admission to the unit and thereafter every week.

The trust's systems supported the appropriate implementation of the MHA and the accompanying Code of Practice. Administrative support was available from a team within the trust. The staff carried out regular audits to ensure the MHA was being implemented correctly. Staff received training and had an understanding of the MHA.

Detailed findings

Mental Capacity Act and Deprivation of Liberty Safeguards

Some staff told us they had received training in the use of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards. The trust provided updates about changes needed because of recent legal decisions in respect of the Mental Capacity Act (MCA).

Are services safe?

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

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

Summary of findings

Are forensic inpatient/ secure wards safe?

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

We rated safe as **good** because:

Staff regularly checked the emergency resuscitation equipment and it was kept in a place where it was readily accessible. Staff managed medicines well and had comprehensive support from the pharmacist and pharmacy technician.

We found that the hospitals provided an effective, evidence based treatment programme and a high standard of care. The units were clean, safe and secure and ensured appropriate levels of security whilst caring for people in the least restrictive way. We found that there were enough members of staff of different disciplines working on the ward to care for people safely and the trust was recruiting to fill the vacant posts for qualified nurses.

People who use the services told us that they felt safe.

Risk assessments were thorough and completed to a high and consistent standard across the service; there were some areas which the service had identified for improvement, such as developing a more comprehensive risk recording process to ensure that incidents are consistently updated within risk assessments and care records. The service had introduced weekly risk reviews to assist with this process.

The wider trust management were introducing systems to improve how incidents were recorded and learning shared. We saw this was also in place at the Chichester and the Hellingly Centre, all incidents were reported through to the services leadership meeting and monitored through the leadership group where action plans are also reviewed.

Our findings

Safe and clean ward environment

- The ward layout allowed staff to see the main corridors from a central nursing station, except for Southview. Southview unit had taken steps to mitigate risks posed by the age and layout of the building and we saw that plans were in place for patients to move into a purpose built unit later in 2015.
- The hospitals made provision for men and women aged over 18 years and complied with national guidance about providing single sex accommodation
- Staff had carried out assessments of ligature risks on all wards in October and November 2014. Fixtures and fittings were anti-ligature and incorporated into the annual ligature audit carried out on each ward.
- Each ward at the Hellingly Centre had a seclusion room. The seclusion rooms had an en-suite toilet and a clock. There were no shower facilities in the seclusion suite, which had an impact on the dignity of people who may require longer periods of seclusion. Staff told us that they would take people out of seclusion to facilitate showering on the ward. This was potentially risky if the person still required seclusion. There is a plan in place approved by Trust Board to build showers into the existing seclusion rooms which will be completed by early 2016.
- The trust had agreed that the seclusion room on Southview would be de-commissioned for seclusion but would instead be used for de-escalation. This was due to the lack of access to toilet and hand washing facilities. We saw the plan which is in place for managing events if a person in Southview required seclusion. If seclusion is required it will take place in the Hellingly Centre.
- All bedrooms and bathrooms were fitted with anti-barricade mechanisms and handles designed to prevent any holding or blocking.
- Staff knew where ligature cutters were located and told us they knew how to use them. However, at the Chichester Centre, there was a lack of clarity about what

Are services safe?

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

they should do with them after use. We also noted there was variation in location on each ward, which could lead to misunderstanding, as most staff worked across the wards when required.

- The wards were well-maintained and the corridors were clear and clutter free. The wards were clean and people told us that standards of cleanliness were usually good. Staff conducted regular audits of infection control and prevention, and staff hand hygiene to ensure that people who use the service and staff were protected against the risks of infection. Staff disposed of sharp objects such as used needles and syringes appropriately in yellow bins to minimise the risk of cross infection.
- Emergency equipment, including automated external defibrillators and oxygen, was in place in the clinic room. It was checked regularly to ensure it was fit for purpose and could be used effectively in an emergency. Medical devices and emergency medication were also checked regularly to ensure they were safe for use. Staff were able to explain how they would respond in the event of an emergency.
- Alarms were available in each room in the wards and all staff carried alarms. Staff told us that this system worked well in the event of an incident.
- The ward was clean and the furniture was in good condition.
- There were both local and trust wide systems in place to monitor quality of care. Results of a wide range of data, such as staffing levels, records audits, collected by the Trust database were collated for each team. The manager could access this information by looking at their `dashboard` to monitor team performance. However, there was some variation between the wards in how they collected information, for example, safeguarding referrals, and we found there was little consistent trends analysis from incidents, which would impact on the ability of the Trust to learn from them.

Safe staffing

- The Chichester Centre had received compliance actions following a previous inspection for not having safe staffing in place. This was reviewed during the inspection and we were satisfied that the standards were now met.

- The trust had carried out a review of nurse staffing. This had set staffing levels on the forensic secure/inpatient wards. We reviewed the staff rotas for the weeks prior to our inspection and saw that staffing levels were in line with the levels and skill mix determined by the trust as safe. The only exception occurred in response to late notice sickness absence where replacement staff could not be found in time.
- High levels of staff vacancies on Ash ward at Hellingly Centre had resulted in a significant use of bank staff to ensure there were enough staff on each shift to maintain standards of quality and safety. Where possible the wards tried to use regular temporary staff that were familiar with the ward, people using the service and ward routines.
- Managers told us they were able to obtain additional staff when the needs of people changed and more staff were required to ensure their safety. We observed that the wards ensured at least one qualified member of staff was working in the area of the wards where people had unrestricted access. Ward staff told us they could access medical input day and night.
- Staff told us that access to leave was rarely cancelled due to staffing levels, people confirmed that they were able to access their leave.

Assessing and managing risks to patients and staff

- We spoke with people on all the forensic/secure wards we visited. The majority of people told us they felt safe. However, a few people had felt unsettled and unsafe after incidents had occurred on the wards.
- Individual risk assessments had been conducted for people on the wards. Staff told us that where particular risks were identified measures were put in place to ensure the risk was managed. For example, the level and frequency of observations of people by staff were increased. Individual risk assessments that we reviewed took account of peoples' previous history, as well as their current mental state to ensure that staff were aware of all potential risks.
- Staff were aware of the needs of people and were able to explain how they were supporting people with the risks they presented

Are services safe?

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

- We observed the multidisciplinary ward review. This included a discussion of risk factors for the people on the ward and how to support people in the least restrictive manner.
- Staff had received training in safeguarding vulnerable adults and children. Staff we spoke with understood their responsibilities to raise safeguarding concerns and knew how to recognise a safeguarding concern. Staff were aware of the trust's safeguarding policy and could name the safeguarding lead. They knew who to inform if they had safeguarding concerns. Staff provided examples of safeguarding referrals that had been made. An 'easy' guide to managing safeguarding concerns was on display and available for staff in the ward office as a reminder of the action to take when concerns arose, this was up to date and in line with current guidance. Ward managers had good links with the safeguarding team and actively sought advice from them to ensure that appropriate actions were taken to minimise risks to people.
- We found that restraint was sometimes required, although this was always when other interventions had not been effective. We found overall there were very low levels of restraints and seclusion. There was a strong emphasis on avoiding restraint and seclusion. The wards are working towards embedding the relational security explorer wheel within monthly team meetings and measuring and monitoring relational security against established outcomes, such as those in 'See Think Act: Your guide to Relational Security' (DH 2010).
- Appropriate arrangements were in place for the management of medicines. We reviewed the medicine administration records of all patients on each ward we visited at The Hellingly Centre. Wards regularly audited medicine records to ensure recording of administration was complete. The wards had good support from the pharmacist and the pharmacy technician.
- People using the service were provided with information about their medicines. Pharmacist and ward staff discussed changes to peoples' medicines, and medicines information leaflets were available for people. Most people we spoke with confirmed they had received information about medicines and knew what they were for.
- The records of seclusion contained the necessary information in line with the Mental Health Act Code of Practice.
- We found that medications were managed in a safe manner. Medicines were stored in a locked clinic room and all medicine cupboards and refrigerators were tidy and locked. The keys were kept by a nurse. Temperature records were kept of the medicines fridge and clinical room in which medicines were stored and were within the guidelines for maintaining the effectiveness of medicines.

Track record on safety

- Four of the serious untoward incidents had related to people going absent without leave. The Secure and Forensic service identified common themes and carried out a thematic review including staff from the Hellingly Centre, Southview unit and the Chichester Centre and an NHS England case manager.

Reporting incidents and learning from when things go wrong

- Staff we spoke with on all wards knew how to recognise and report incidents on the trust's electronic incident recording system. All incidents were reviewed by the ward manager and forwarded to the trust's clinical governance team, who maintained oversight. The system ensured that senior managers within the trust were alerted to incidents promptly and could monitor the investigation and response to these.
- Ward managers told us how they maintained an overview of all incidents reported on their wards. Incidents were investigated and some managers told us they were made aware of incidents that had occurred on other wards at weekly meetings of ward managers and the matron.
- We saw evidence that the thematic review of AWOL incidents led to work to improve the detail of the risk assessments completed before people were granted Section 17 leave.
- Staff and people using the service were provided with support and time to talk about the impact of serious incidents on the ward. Staff said they were given the opportunity to have a formal de-brief and that they could access additional counselling support if needed.

Are services effective?

Good 

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

Summary of findings

Are forensic inpatient/ secure wards effective?

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

We rated effective as **good** because:

Clinical staff made a comprehensive assessment of people that were admitted to the service. This included a detailed assessment of people's physical health needs. The trust had an electronic system for recording and storing information about the care of people. This meant that this information was available to doctors and nurses as people moved between services. Multi-disciplinary teams and inter-agency working were effective in supporting patients. Staff used the Mental Health Act and the accompanying Code of Practice correctly.

A thorough referral and assessment process ensured that people and referring professionals had a good understanding about the treatment options available and they were supported to agree if it was the right place for them. The assessment process allowed the staff and person to form an individualised care plan. There was evidence that the service was supporting recovery and choice within the unit where this was clinically appropriate. The programme of treatment included psychology, substance misuse and offence related therapy. There was a structured activity programme on each ward which provided a variety of recreational and occupational activities. Information was given to carers and individuals throughout their stay on the unit.

Our findings

Assessment of needs and planning of care

- People had comprehensive assessments in place. These were expected to be completed within 72 hours of the person's admission so that appropriate support was put in place. We found that this timescale had been met for new admissions.

- Peoples' needs were assessed and care was delivered in line with their individual care plans. Records showed that risks to physical health were identified and managed effectively. Assessments included a review of the person's physical health on at least a weekly basis. Where physical health concerns were identified, care plans were put in place to ensure the person's needs were met and clinical observations were made more frequently.
- People had care plans that were comprehensive and up to date, so that they received the appropriate support for their needs.

Best practice in treatment and care

- NICE guidance was followed in the prescribing of medicines. Where this was not the case, the medical staff ensured this was discussed with another senior member of staff and the reasons clearly recorded for this decision. We saw examples of this in peoples' records.
- People who use the service could access psychological therapies as part of their treatment and psychologists were part of the ward team.
- Wards had a lead nurse for physical health who kept an overview of the physical health needs of people and ensured physical health care plans were kept up to date. Regular physical healthchecks took place where needed.
- The wards used a system of Modified Early Warning Signs (MEWS) to identify physical health concerns. MEWS enabled staff to recognise when a person's physical health was deteriorating or giving cause for concern and so triggered a referral to medical staff. Staff had received training in MEWS.
- The ward staff assessed people using the Health of the Nation Outcome Scales (HoNOS). These covered 12 health and social domains and enabled the clinicians to build up a picture over time of people's responses to interventions.
- The wards used a number of measures to monitor the effectiveness of the service provided. They conducted a range of audits on a weekly or monthly basis. On all the wards we visited we saw examples of audits of planned activities for people, the explanation of people's rights, infection control and prevention measures and physical health checks. Information from completed audits was

Are services effective?

Good 

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

fed back directly to the staff member responsible during supervision, as well as being reported to the ward and governance teams. It was used to identify and address changes needed to improve outcomes for people.

- People accessed psychological therapies as part of their treatment and psychologists were part of the ward team.
- Each ward had a lead nurse for physical health who kept an overview of the physical health needs of patients and ensured physical health care plans were kept up to date. Regular physical healthchecks were taking place where needed.

Skilled staff to deliver care

- The staff working on the secure wards came from a range of professional backgrounds including nursing, medical, occupational therapy, psychology and social work. Other staff from the trust provided support to the ward, such as the pharmacy team.
- Staff at The Hellingly Centre received appropriate training, supervision and professional development. Staff told us they had undertaken training relevant to their role, including safeguarding children and adults, fire safety, life support techniques and the use of physical interventions. Records showed that most staff were up-to-date with statutory and mandatory training. New staff had a period of induction before being included in the staff numbers. The training helped to ensure staff were able to deliver care to people safely and to an appropriate standard.
- We found that restraint was sometimes required, although this was always when other interventions had not been effective. We found overall there were very low levels of restraints and seclusion. There was a strong emphasis on avoiding restraint and seclusion. The wards are working towards embedding the relational security explorer wheel within monthly team meetings and measuring and monitoring relational security against established outcomes, such as those in 'See Think Act: Your guide to Relational Security' (DH 2010). Relational security is the knowledge and understanding staff have of a patient and of the environment, and the translation of that information into appropriate responses and care.

- Training records at the Chichester Centre showed that some staff were not up to date with their Prevention and Management of Violence and Aggression (PMVA) training. We were advised that several training courses had been cancelled by the trust and they were also held a significant distance from the Chichester Centre. To enable staff to attend more easily the modern matron had arranged for PMVA training to be provided locally. We saw information which confirmed this was due to take place in February 2015.
- All staff had access to weekly reflective practice sessions which were well attended on each ward. There was an action plan to improve and monitor staff access to training and supervision. There was evidence of improved attendance when comparing records from the previous six months. Staff told us that the modern matron had arranged for more training to take place locally and was looking at giving protected time to ensure they were able to complete on-line training requirements.
- There were regular team meetings and staff felt well supported by their manager and colleagues on the ward. Many staff mentioned good team work as one of the best things about their ward.

Multi-disciplinary and inter-agency team work

- Assessments on wards were generally multidisciplinary in approach. People's records showed that there was effective multidisciplinary team (MDT) working taking place. Care plans included advice and input from different professionals involved in people's care. People we spoke with confirmed they were supported by a number of different professionals on the wards.
- We observed three MDT meetings and found they were effective in sharing information about people and reviewing their progress. Different professionals worked together effectively to assess, plan and deliver people's care and treatment.
- When people's needs were assessed and a care plan reviewed, this information was presented at the weekly team meetings to keep everyone informed.
- Handovers were well organised and conducted in a thorough manner with discussions around individual risk management.

Adherence to the MHA and MHA Code of Practice

Are services effective?

Good 

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

- Staff told us and we saw records that showed they had received training on the Mental Health Act and the Code of Practice.
- The use of the MHA was good. The documentation we reviewed in detained patients' files was compliant with the Act and the Code of Practice, however documents had been archived and section papers were not always present. When we spoke to ward managers about this they were able to obtain copies from the Mental Health Act Administrator.
- Staff were aware of the need to explain people's rights to them. The explanation of rights was audited regularly on all wards. This ensured that people understood their legal position and rights in respect of the MHA. People we spoke with confirmed that their rights under the MHA had been explained to them. This showed that the trust had completed actions identified after the last inspection.
- Staff knew how to contact the MHA office for advice when needed and we saw evidence that regular audits were carried out throughout the year to check the MHA was being applied correctly.
- Detention renewals were timely and appropriate. Each ward monitored when renewals were due and ensured they were completed as appropriate.
- Consent to treatment forms were completed and attached to medication charts. Medication was given in accordance with appropriate authorisations.
- Leave authorisations were in place as needed.
- Details of independent mental health advocacy services (IMHA) were displayed in all the wards. People told us they were supported to access an advocate if they wished, advocates regularly visited the wards and attended CPA and MDT meetings at peoples' request. Staff knew how to make a referral to the IMHA service on behalf of people who use the service.

Good practice in applying the MCA

- Some staff told us they had received training in the use of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). They also received updates from the trust about recent legal decisions on the MCA, to make them aware of the changes.
- There was a variation in understanding of the Mental Health Act (MHA) and the Mental Capacity Act (MCA). We saw that arrangements had been made to provide MHA/MCA and safeguarding training at the centre in February 2015.



Are services caring?

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

Summary of findings

Are forensic inpatient/secure wards caring?

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

We rated caring as **outstanding** because:

Staff were kind and respectful to people and recognised their individual needs. Staff actively involved people in developing and reviewing their care plan and made sure that they had access to an advocate if they needed one. Staff also made sure that families and carers were involved when this was appropriate. Staff on wards organised their working day so that a nurse could spend some 'one-to-one' time with each person.

People who use the service were involved in treatment planning and decisions. People told us that they felt respected and involved in making decisions about their care. Due to the health needs of the people who use the service, some elements of choice and care were legally or therapeutically restricted. We saw that care plans had been written with the individual and reflected the individual person's needs and choices as far as possible. People told us that staff spent time explaining treatment options and why there may be restrictions.

The wards were calm and it was noted that there were very low incidents of restraint or seclusion. We observed positive interactions between staff and patients and needs were met in a timely manner. The whole staff team had a strong ethos of working with individuals in the least restrictive way and relational security was embedded on the wards. Fir Ward at the Chichester Centre had been given an award by NHS England for their work in reducing the use of seclusion on the ward.

- We observed staff interacting with people in a caring and compassionate way. Staff responded to people in distress in a calm and respectful manner. They de-escalated situations by listening to and speaking quietly to people who were frustrated or angry about having to be detained in hospital. Staff appeared interested and engaged in providing good quality care to people.
- When staff spoke to us about people, they discussed them in a respectful manner and showed a good understanding of their individual needs.
- Despite the complex and at times challenging needs of the people using the medium secure services, the atmosphere was very calm and relaxed.

The involvement of people in the care they receive

- When people arrived on the ward they were shown around and given a 'Buddy', a buddy is a named person that the patient can go to in order to assist their transition onto the ward and to answer any questions. There was also a welcome pack for people giving them information about the service.
- People were involved in developing their own care plans. On some wards people had made written comments about their care plans. People we spoke with on different wards were aware of the content of their care plans and confirmed they had been involved in developing their own care plan.
- Details of local advocacy services were displayed in all the wards. People told us they were supported to access an advocate if they wished; advocates regularly visited the wards and attended CPA and MDT meetings at peoples' request.
- All wards held weekly community meetings with people to gather their views about the ward. Minutes of the meetings were documented and on some wards they were displayed for everyone to see what had been discussed.
- The views of people using the service had been gathered through the use of surveys. In response to the feedback from the last survey at The Hellingly Centre this practice has been changed and forensic secure services have worked with the service user charity CAPITAL. This charity has helped to establish service

Our findings

Kindness, dignity, respect and support

- People who use the service told us that staff treated them with respect, even when restrictions in relation to their care and treatment were in place.



Are services caring?

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

user experience focus groups facilitated by Service User Consultants. An expert by experience attended a focus group during the inspection and was able to hear positive feedback from people involved.

- The Secure Recovery Implementation Group (SRIG) brings together people and staff to develop creative and innovative activities for the service whilst promoting recovery. The expert by experience attended the SRIG and saw evidence that the involvement of people was meaningful and effective.

We found some examples of people with advance decisions in place stating how they would like to be supported if their mental health deteriorated. Staff were able to tell us about these decisions and they were recorded in patients “crisis plans”. We saw evidence that staff were working with people to further develop crisis plans for all people who used the service. We saw many different types of involvement of people in their care, from the development of groups and specific projects, such as animation and film making.

Are services responsive to people's needs?

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

Summary of findings

Are forensic inpatient/ secure wards responsive to people's needs?

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

We rated responsive as **good** because:

The wards were able to provide a range of different treatments and care. People could access therapeutic activities, which included provision in the evenings and the weekend.

The wards were very aware of the diverse needs of all the people who use the service and provided a range of support. Staff knew how to support people who wanted to make a complaint.

- People had access to occupational therapy. An occupational therapist was assigned to each ward and conducted individual assessments of peoples' needs.
- People were positive about most of the activities that took place, but would like more opportunities. There was concern that The Hellingly Centre would lose their football pitch with the development work currently in progress.
- People at the Hellingly Centre had free access to their bedrooms, which were equipped with electronic privacy locks. Each person had a wristband which gave them access to their own room. People were very positive about the standard of the bedrooms and had personalised their rooms.

Meeting the needs of all people who use the service

- The ward environment was able to allow for specific individual needs in relation to physical disability, and each ward had an accessible bedroom. .
- Interpreters were available to staff and were used to help assess people's needs and explain their rights, as well as their care and treatment. Leaflets explaining people's rights under the Mental Health Act 1983 were available in different languages.
- Peoples' individual needs were met, including cultural, language and religious needs. Contact details for representatives from different faiths were on display in the wards. Local faith representatives visited people on the ward and could be contacted to request a visit, each ward had a Faith Advocate. There was a well equipped multi-faith room in the Twittern unit at the Hellingly Centre.

Listening to and learning from concerns and complaints

- Information on how to make a complaint was displayed in the wards, as well as information on the patient advice and liaison service (PALS) and independent mental health advocacy services (IMHA). People said they could raise concerns in community meetings and patient's council, we saw from minutes of these meetings that this was usually effective.

Our findings

Access, discharge and bed management

Through a review of the records we found there was a lack of discharge planning within care plans at The Hellingly Centre.

The ward optimises recovery, comfort and dignity

- The wards had a full range of rooms and equipment. This included space for therapeutic activities and treatment and quiet areas for reflection. Weekly activity programmes were advertised on all wards.
- People had access to a telephone and could make calls in private.
- The wards offered access to a secure outside space, with fixed exercise equipment for people to use.
- Food was heated up individually in line with people's individual choices. People gave us mixed feedback about the food. Some said they enjoyed the choice; others complained about the size of portions. Hot drinks and snacks could be prepared at any time on the ward. Sandwiches were delivered in the evening for people who wanted something more substantial after supper.

Are services responsive to people's needs?

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

- People knew how to raise concerns and make a complaint. Most people told us they felt they would be able to raise a concern should they have one and believed that staff would listen to them.
- Staff told us they tried to address people's concerns informally as they arose. Staff were aware of the formal complaints process and knew how to signpost people as needed to PALS and how to make a referral to advocacy.
- Ward managers held a weekly complaints "drop-in" for people and each ward had a suggestion box.
- Staff said that learning from complaints was discussed at team meetings and changes had taken place. For example, on one ward there had been two complaints about people having to wait too long to hear if their leave had been approved. The staff had reviewed the process for arranging leave as a result of this.

Are services well-led?

Good 

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

Summary of findings

Are forensic/secure wards well-led?

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

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

Staff knew the vision and values of the organisation. Good local governance processes identified where the services needed to improve. This had led to the development plan being put into place for the new ward at The Hellingly Centre. Staff morale was improving and teams worked well together.

We found that the Chichester Centre was well led. Fir ward had an established and efficient manager in post. Hazel and Pine wards had ward managers who had recently taken up their posts but had clearly identified the areas requiring improvement for the wards. All of the staff team reported feeling well supported by their ward managers, the modern matron and the general manager. The general manager and modern matron recognised there was continued work around ensuring that staff were able to attend training and receiving regular supervision, they were able to demonstrate actions that had already been taken and how action plans were in place to continue this work. There was a positive and open culture within the staff team, across all the wards.

Our findings

Vision and values

- The trust's vision and strategies for the service were evident and on display in some wards. Staff on all wards considered they understood the vision and direction of the trust.
- Ward managers had regular contact with their modern matron and general manager. Senior trust managers sometimes came to the wards and worked a shift to experience what it was like working on the ward.

Good governance

- While there were a few areas for improvement, the wards had access to systems of governance that enabled them to monitor and manage the ward and provide information to senior local management.
- The ward managers told us that they had enough time and autonomy to manage the wards. They also said that, where they had concerns, they could raise them. Where appropriate the concerns could be placed on the trust's risk register.

Leadership, morale and staff engagement

- We found the wards to be well-led. Ward managers were visible on the wards during the day-to-day provision of care and treatment, they were accessible to staff and they were proactive in providing support. The culture on the wards was open and encouraged staff to bring forward ideas for improving care.
- There was evidence of strong, well respected leadership at a local level, and the Matron's positive influence was evident in the changes implemented since he came into post.
- There was a positive and open culture within the staff team, across all the wards. All staff we spoke with stated that the ward and centre management team were supportive and approachable. We saw evidence that there were regular staff meetings and staff forums.
- The ward staff we spoke with were enthusiastic and engaged with developments on the ward. They told us they felt able to report incidents, raise concerns and make suggestions for improvements. They were confident they would be listened to by their line manager. Some staff gave us examples of when they had spoken out with concerns about the care of people and said this had been received positively as a constructive challenge to ward practice.
- Many staff told us that, following significant changes in the trust in recent years, morale in the service had been very low. However, they also felt that it was improving and the trust was travelling "in the right direction". Staff were kept up to date about developments in the trust through regular emails.
- Staff were aware of the whistleblowing process if they needed to use it.

Are services well-led?

Good 

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

- Ward managers told us they had access to leadership training and development.

Commitment to quality improvement and innovation

- The Head of Social Work and the Clinical Director at The Hellingly Centre are national trainers and advisors on the subjects of the “Use of the Mental Health Act” and “Risk Assessment” to the first tier tribunal service and mental health lawyers association.
- Sussex Partnership Secure and Forensic Services are a national lead site for the “Secure Recovery” service model.
- Over the last 18 months The Secure Recovery Implementation Group, comprised of staff and service users from the Hellingly Centre, has attended and contributed to three national forensic service user conferences.
- In 2013 the Consultant Clinical Psychologist and Nurse Consultant won a national award from the CPA

Association for the “Best example of care planning” following their collaborative revision of secure and forensic services care planning processes, including the “My Shared Pathway” initiative.

- The Secure and Forensic Services are currently one of four forensic service providers developing and delivering innovative practice in care planning and collaborative safety planning as part of RETHINK mental illness’ Innovation Network.
- Fir Ward, Chichester Centre, had been given an award by NHS England for their work in reducing the use of seclusion on the ward.
- The Hellingly Centre had begun a three year nurse led restrictive interventions reduction programme, with the aim of reducing the number of physical restraints by 90% by 2018. This programme will also contribute to the national restrictive interventions reduction programme. The initiative was presented at the Trust’s annual nursing conference.