

Good 

Tees, Esk and Wear Valleys NHS Foundation Trust

Forensic inpatient/secure wards

Quality Report

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Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/unit/team)	Postcode of service (ward/unit/team)
RX3FL	Roseberry Park	Merlin Sandpiper Nightingale Swift Mandarin Mallard Jay Newtondale Brambling Linnet Lark Kestrel/Kite Osprey/Eagle Harrier/Hawk Clover/Ivy	TS4 3BW

Summary of findings

Thistle
Robin/Kingfisher/Heron
Northdale Centre
(Runswick and Hawthorn)
Oakwood

RX3CL

Lanchester Road

Langley ward

DH1 5RD

This report describes our judgement of the quality of care provided within this core service by Tees, Esk and Wear Valleys 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 Tees, Esk and Wear Valleys NHS Foundation Trust and these are brought together to inform our overall judgement of Tees, Esk and Wear Valleys NHS Foundation Trust.

Summary of findings

Ratings

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

Overall rating for the service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Outstanding 

Are services responsive?

Good 

Are services well-led?

Good 

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

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

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

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

Summary of findings

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Summary of findings

Overall summary

We gave an overall rating of forensic inpatient/secure wards of good because:-

Services were delivered in clean and hygienic environments. There were some environmental risks present, including ligature risks. However, there were comprehensive risk management plans in place. Where there were blind spots in some ward areas, there was CCTV present.

Staff had a good understanding of safeguarding and most people told us they felt safe. There were some wards where there was high usage of bank staff and sometimes staff were diverted to other wards to ensure the safety of the running of the hospital, but this could affect the consistency of patient care. There were some blanket restrictions in place but the service had a work plan in place to look to reduce these and was progressing with it at the time of our inspection.

Patients had access to a wide range of psychological therapies and there were strong multi-disciplinary teams on site. There was a good understanding of best practice

and NICE guidance which was evidenced in care planning documentation. Staff were supported by regular supervision and appraisals. Some wards did not have regular team meetings.

Most patients told us that they received care in a kind and thoughtful way and that staff respected them. There was a lot of work being undertaken to involve patients in their care and in the running of the service.

Patients had access to a range of activities on site as well as trips off-site depending on their needs and progress towards recovery. There were clear pathways through the forensic services although there could be delays to discharge related to the availability of appropriate rehabilitation services. The teams in the hospital worked with forensic outreach teams locally to facilitate discharge.

Staff told us they felt supported by the trust and that senior management were visible and accessible. There were a number of initiatives which the trust were taking to encourage and support leadership training and innovative development of services.

Summary of findings

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

Are services safe?

We rated the forensic inpatient/secure wards as good because:

- Care was provided in a clean and hygienic environment.
- Where environmental risks such as ligature risks and blind spots were identified, they were plans in place to mitigate the risks they could potentially pose.
- Staffing levels were sufficient to meet the needs of patients, however, there was some high use of bank staff .
- Staff had a good understanding of safeguarding and the reporting mechanisms.
- There were robust systems in place to ensure that incidents were reported and that learning from incidents was embedded in the clinical governance systems within the forensic services.

Good



Are services effective?

We rated the forensic inpatient/secure wards as good because:

- Care plans were developed which incorporated appropriate evidence bases. We saw care plans which were holistic and incorporated medical, nursing, therapeutic, social and physical healthcare needs.
- Patients had access to a wide range of psychological therapies, individually and in groups.
- There was a separate health centre on site including a GP practice, access to a dentist and a podiatrist as well as meeting other physical healthcare needs.
- Staff were supported with mandatory and specialist training appropriate to their roles.
- Most staff had regular supervision and appraisals although there were inconsistent approaches to team meetings.
- Most staff had a good understanding of responsibilities under the Mental Health Act and Mental Capacity Act although this training was not mandatory in the trust.

Good



Are services caring?

We rated the forensic inpatient/secure wards as outstanding because:

- Patients told us that they were treated with dignity, respect and kindness.
- We observed high quality care and interaction between staff and patients.

Outstanding



Summary of findings

- Patients were involved in their care and in the way that services were run including having representation in clinical governance meetings
- We saw some excellent examples of patient involvement including patients being involved in 'away days' with staff teams on some wards and services constantly looking to improve engagement and involvement.
- People told us that they knew and understood the services which they were receiving.

Are services responsive to people's needs?

We rated the forensic inpatient/secure wards as good because:

- There were clear admission and discharge pathways. However, there were some delays to discharges when appropriate services were not present in the communities patients were moving back to.
- The ward environments met people's needs. There was space for activities and meetings on the wards and all wards had access available to outside areas.
- There was an activity centre, gym and medical centre available on site.
- The service was responsive to individual needs as there was access to chaplaincy services and spiritual support. Each division had an equality and diversity lead.
- Patients were aware of how to make complaints and staff knew how to manage complaints.

Good



Are services well-led?

We rated the forensic inpatient/secure wards as good because:

- Staff were enthusiastic about the trust and their management.
- Staff working in the wards felt engaged by the organisation and were proud to work for the service.
- There were systems in place to ensure that information was available to the service management and to the trust management teams.
- Where issues had been identified they had been picked up in action plans with identifiable targets and responsible individuals.
- Staff were given the opportunity to develop within the trust and were aware of how to raise concerns.

Good



Summary of findings

- There was an ongoing commitment to research and quality improvement, evident by membership of the peer network through the Royal College of Psychiatrists and links with local universities to embed research and service-user led research to improve outcomes.

Summary of findings

Background to the service

The forensic inpatient wards are a part of the forensic service line delivered by Tees, Esk and Wear Valleys NHS Foundation Trust. Most services are based at Ridgeway Unit which has a medium secure perimeter and consists of wards designated as low secure or medium secure as well as separate wards for people with learning disabilities and autism. We visited one ward, Langley, at the Lanchester Road site. Oakwood ward is based at Belle Vue, Middlesborough and is registered to Roseberry Park.

The Forensic Learning Disability wards we visited were:

Northdale Centre – (Runswick and Hawthorn wards) 12 beds, male medium secure autism.

Harrier ward – 4 beds, male low secure high dependency

Hawk ward – 6 beds, male low secure assessment and admission

Kestrel and Kite wards – 16 beds (separated into two ward areas), male low secure treatment

Eagle ward – 5 beds, male low secure extended treatment (providing care for older people)

Osprey ward – 5 beds, male low secure extended treatment

Robin ward – 6 beds, male low secure autism high intensity assessment and treatment

Kingfisher ward – 4 beds. Male low secure autism treatment ward

Heron ward – 4 beds, male low secure autism rehabilitation ward.

Thistle ward – 5 beds, female low secure complex care ward

Ivy ward – 6 beds, female low secure assessment and treatment ward.

Clover ward – 6 beds, female low secure treatment and rehabilitation ward

Langley Ward – 10 beds, male long stay locked rehabilitation.

Oakwood - 8 beds, male long stay locked rehabilitation.

The Forensic Mental Health wards we visited were:

Merlin ward – 10 beds, male medium secure assessment and high dependency

Nightingale ward – 16 beds, male medium secure treatment and rehabilitation

Linnet ward – 17 beds, male medium secure complex rehabilitation needs

Mandarin ward – 16 beds, male medium secure enduring mental illness treatment

Jay ward – 5 beds, male low secure high dependency

Newtondale ward – 20 beds, male low secure treatment and rehabilitation

Lark ward – 15 beds, male low secure complex needs rehabilitation

Mallard ward – 16 beds, male low secure older persons treatment and rehabilitation

Sandpiper – 8 beds, female medium secure high dependency

Swift ward – 10 beds, female medium secure treatment and rehabilitation

Brambling ward – 13 beds, female low secure treatment and rehabilitation

At the time of the last inspection of these services in March 2014, Roseberry Park was not meeting the essential standards relating to care and welfare of people who use services (regulation 9) and safeguarding people who use services from abuse (regulation 11). These compliance actions were inspected as a part of the comprehensive inspection.

Our inspection team

Our inspection team was led by:

Summary of findings

Chair: David Bradley, CEO South West London and St Georges NHS Trust

Head of Inspection: Jenny Wilkes, Head of Hospital Inspection (Mental Health) Care Quality Commission

Team Leader : Patti Boden, Inspection Manager, Care Quality Commission

The team which inspected forensic inpatient/secure wards consisted of sixteen people. Four CQC inspectors, two Mental Health Act reviewers, five nurses (including three learning disability nurses), one consultant forensic psychiatrist, two clinical psychologist, one speech and language therapist, one mental health social worker and one pharmacy inspector.

Why we carried out this inspection

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

How we carried out this inspection

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

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

Before we visited, we reviewed the information which was sent to us by the trust and we reviewed information from other agencies. We also collected comments from boxes left on the wards we visited.

During the inspection visit

- We visited twenty seven ward areas and observed the ward environments and the quality of care delivered to patients in these wards
- We visited the dedicated activity centre/gym and the health centre which were on-site at Roseberry Park.
- We spoke with 78 patients who were using the service
- We spoke with 118 members of staff including nurses, healthcare assistants, doctors, allied health professionals, social workers and domestic and administrative staff

- We spoke with the ward managers or deputy ward managers of all the wards we visited.
- We met with the service managers for the forensic mental health and forensic learning disabilities divisions and the onsite security manager.
- We observed three 'community meetings' on the wards
- We observed two MDT meetings
- We made one out of hours unannounced visit to Brambling ward and Heron/Kingfisher/Robin wards and met staff working at night.

We also

- Checked care records for 49 people
- Carried out a specific check on medicines management on two wards
- Carried out specific mental health act visits on two wards
- Collected feedback from 66 comment cards
- Looked at a range of policies, procedures, minutes from management meeting which helped us to understand the operation of the service.

Summary of findings

What people who use the provider's services say

We spoke with patients and their relatives. Most were positive about their experiences of care on the forensic wards. They told us that they found staff were thoughtful and kind. Most people told us that they were involved in decisions about their care.

At the end of the inspection we collected 66 comments cards. From these cards, we saw that the feedback was mixed although most comments were positive.

Good practice

- Patient involvement in clinical governance meetings, events planning, training and research activities was substantial. The recovery and outcome team had a significant impact in driving involvement.
- Robust mechanisms were in place to ensure that incidents were reported and that learning was embedded in the clinical governance systems within the services.
- Patients had access to extensive recreational, educational and physical health care facilities, including a gym, health centre including a GP and dentist service.

Areas for improvement

Action the provider MUST or SHOULD take to improve

Action the provider SHOULD take to improve

- consider staffing levels which reflect needs of people on the ward and the ward environments to ensure staff and patients feel staff able to meet the needs of people who use the service and maintain a therapeutic care environment

Tees, Esk and Wear Valleys NHS Foundation Trust

Forensic inpatient/secure wards

Detailed findings

Locations inspected

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

Name of CQC registered location

Merlin
Sandpiper
Nightingale
Swift
Mandarin
Mallard
Jay
Newtondale
Brambling
Linnet
Lark
Kestrel/Kite
Osprey/Eagle
Harrier/Hawk
Clover/Ivy
Thistle
Robin/Kingfisher/Heron
Northdale Centre
(Runswick and Hawthorn)

Roseberry Park

Langley ward

Lanchester Road

Detailed findings

Mental Health Act responsibilities

We carried out two Mental Health Act review visits during this inspection. We also checked understanding of the Mental Health Act and the Mental Health Act Code of Practice on the wards we visited. We found that most people had a good understanding of the Mental Health Act and how it affected their daily work.

Documentation relating to the Mental Health Act was excellent. Information was collated in separate folders so

that it was easy to access. Staff on the wards told us that they were well-supported by the Mental Health Act Office. Staff knew where to seek further advice if they had queries relating to the Mental Health Act. Training specifically relating to the Mental Health Act was not mandatory. However, staff on the wards displayed competency in their understanding.

Mental Capacity Act and Deprivation of Liberty Safeguards

Most staff told us that they had received training related to the Mental Capacity Act, however, this was not part of the trust's mandatory training package. Some staff, including some on Harrier/Hawk, told us that they had not received training related to the Deprivation of Liberty Safeguards. We were told on the wards we visited, that concerns around capacity for specific patients would be discussed at multidisciplinary team meetings. There was easy read information related to decision making and capacity available in the learning disabilities wards.

We saw some excellent examples of facilitating capacity assessments that ensured people were supported to make specific significant decisions. For example, on Thistle ward we saw that a speech and language therapist had been

involved in ensuring that all communication methods were facilitated to allow decision making to take place. We also saw a good example of the use of documentation to explain how issues of capacity relating to a specific decision were decided on Clover/Ivy ward. However, on some wards, including Mandarin and Newtondale, we were told that a consultant 'does capacity assessments'. This did not acknowledge that capacity could be assessed by a decision maker at any level, depending on the decision being taken.

We did not see a consistent approach to recording using the formal Mental Capacity Act documentation being used uniformly across the service.

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

Forensic inpatient/secure wards were safe because care was provided in a clean and hygienic environment. Where environmental risks such as ligature risks and blind spots were identified they were plans in place to mitigate the risks they could potentially pose. Staffing levels were sufficient to meet the needs of patients, however, there were some high reported use of bank staff. Staff had a good understanding of safeguarding and the reporting mechanisms. There were robust systems in place to ensure that incidents were reported and that learning from incidents was embedded in the clinical governance systems within the forensic services.

Our findings

Safe and clean ward environment

- Wards were clean and tidy. Repairs were carried out in a timely manner. Communal areas were clear and clutter free. People told us that the levels of cleanliness on the ward were good.
- There were clear lines of sight on most wards we visited. When we saw that there were blind spots, for example, on Lark ward and Merlin ward, CCTV cameras which linked to the nurses station and mirrors were used in order to mitigate potential risks.
- Ligature risk assessments were carried out annually. On some wards such as Harrier/Hawk and Eagle/Osprey, one of the small lounge rooms had an identified ligature risk so the room was only used with supervision as appropriate to the needs of the individual patients. The ligature risk assessments clearly identified the level of risk present and included information about how each potential risk was mitigated clearly.
- Wards had fully equipped clinic rooms with examination couches. Emergency resuscitation equipment was available on each ward as well as emergency drugs. There were robust systems in place to ensure that these were checked daily.
- Seclusion rooms allowed two way observation and people using seclusion rooms had access to toilet

facilities. However, there was no seclusion room on Merlin ward (which was an admission ward) and people who required access to a seclusion room on Merlin ward accessed the room on Jay ward. There were two instances of seclusion on Merlin ward in the six months up to December 2014. The fabric of the seclusion rooms had been identified as a concern within the forensic mental health service and there was ongoing work taking place to address this.

- All staff had personal alarms and all visitors are offered the opportunity to have an alarm.

Safe staffing

- Wards had a determined staffing level which had been established when the wards were opened based on the ward type and needs of the patient group.
- In the year leading to August 2014, 1323 shifts had been covered by bank staff across Forensic Mental Health and Forensic Learning Disability Services. 841 shifts, in the same time period, had not been covered by bank staff. There were some high levels of bank staff usage on particular wards. Three patients and four members of staff on Brambling ward told us that the ward was short of staff at times and relied heavily on bank staff. When we visited during the night shift of 29 January, we found that there was only one permanent member of staff on duty.
- Staff were moved between wards to meet the needs of the service in the case of an incident. This was managed by a band 6 nurse who took lead responsibility during each shift to ensure that the staffing levels on the wards were safe.
- Ward managers were able to arrange for additional staff on the basis of observation levels and the specific needs of patients.
- Bank staff who were used to cover additional shifts when available, had access to the trust training and some wards offered bank staff supervision if they wished to access this.
- Information about each patient's needs was available on the ward in paper files so that staff unfamiliar with the ward would have access to information about people's needs, without the need to access the computer database.

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- Some patients told us that they had leave cancelled. This information is collated centrally by the trust so this can be monitored.
- Robin/Heron/Kingfisher ward had access to an additional bank member of staff to cover 12pm – 12am shift.

Assessing and managing risk to patients and staff

- All the patients we spoke to on the wards we visited told us that they felt safe. Some patients were particularly complimentary about the levels of safety they felt on the ward, including patients on Brambling and Thistle wards.
- We saw comprehensive, holistic individual risk assessments across the service. Tools such as the Short Term Assessment of Risk and Treatability (START) and the Historical, Clinical Risk Management tool (HCR-20) were used to establish risk. We saw that risk assessments were updated regularly and following incidents. This may change their risk levels.
- Blanket restrictions had been raised in previous compliance and Mental Health Act visits. Blanket restrictions continued to be in place on some wards. For example, on Merlin, Linnet, Lark and Newtondale wards, patients were subject to routine rub down searches following a period of unescorted leave. These searches were documented.
- However, these were not carried out on the basis of the risks presented by individual circumstances. The trust had developed a strategy to look at minimising restrictive practices which we saw was being implemented during our visit. Members of staff and patients across the service commented on the changes which had taken place regarding the removal of some blanket restrictions.
- We saw some examples of changes in the blanket restrictions. For example, a system of assessing people to have access to fobs was being rolled out. This enabled freer movement behind the medium secure perimeter fence and allowed access to the activity centre, including a café and shop.
- On Lark ward, there was a plan in place to ensure that risk assessments would be carried out on an individual basis relating to searches of rooms and individuals. This was to be implemented after our visit.
- We saw that while there continued to be some restrictive practices, the trust had a timescale within which to implement the plans it had in place to reduce these. We saw that this was happening across the wards we visited.
- The trust had an observation and engagement policy which ensured that people who needed additional supervision were monitored. We checked records on the wards and saw that these were completed appropriately.
- All nursing staff on the wards had completed Management of Violence and Aggression (MOVA) training.
- MOVA training was delivered on-site at Roseberry Park and there was a team of four staff who delivered this training and were able to offer additional support for staff by linking a member of the MOVA team with wards. For example, one of the wards, Mallard, catered for older men. The training team were able to provide bespoke techniques and advice to meet the needs of the specific groups of patients.
- MOVA training was initially three days long with an update every two years. Staff were encouraged to look at prevention and de-escalation of violence and aggression before using physical restraints.
- In the six months prior to our inspection visit (July-Dec 2014), there were 406 incidents of restraint across the 25 wards in the forensic service that we visited. Some wards, such as Sandpiper (80), Swift (58), Linnet (59) and Mallard (59) had significantly higher levels of restraint than other wards at the same levels of security. For example, Lark (2) and Nightingale (2). We reviewed the records around restraint and saw that the procedures, thresholds and training were equivalent across the wards. Restraint was consistently used as a ‘last resort’ and the prevention and management of aggressive behaviours was included in care planning. This was reflected in physical intervention plans we saw.
- Staff told us that sometimes they restrained someone in a prone position but the person did not remain in that position for long. This was recorded as a prone restraint but the records did not specify how long the period of time was that the person was held in the prone position.
- Records of seclusion were comprehensive and complete. We saw some excellent seclusion recording on Thistle ward where antecedent factors were noted. Nursing and medical reviews were undertaken frequently and when the seclusion room was used with

Are services safe?

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the door open as a 'low stimulus' environment at the request of a particular patient. This was documented as a 'seclusion' to ensure that protections around the administration of the seclusion policy were met. People in seclusion had access to food and snacks on request.

- Records of restraint were clear, explaining the type of restraint, antecedent behaviours and debriefs. Medical reviews took place after restraint had occurred.
- Staff we spoke with had an understanding of safeguarding procedures and told us that they felt confident making referrals. There was a dedicated safeguarding team within the trust to offer advice.
- There was a security manager based on site. They liaised with the police when necessary and were able to serve as a point of contact for all security-related issues on the site.
- There was a children's visiting area which was not close to the ward areas. This meant that children were able to visit in an appropriate environment. Some patients we spoke with told us that they appreciated the opportunity for their families to visit them.

Track record on safety

- Staff had a good understanding of recent incidents which had taken place within their service. Information was shared through the service managers and a trust wide system.
- Lessons learned were shared through the service and there was an understanding of this from the ward.

Reporting incidents and learning from when things go wrong

- Staff on all the wards we visited and at all levels were aware of the reporting processes through the Datix system. They told us that they felt comfortable using this system. Reports through the Datix system were reviewed by the ward manager or modern matron and they were also checked by senior management in order to identify trends and learning points.

- Incidents which were reported through Datix were discussed regularly in local clinical governance meetings (quality assurance groups known as QuAGs). Staff on the ward were aware of these QuAG meetings and were able to give examples of learning from incidents which had taken place.
- Senior management were aware of their responsibilities under the 'duty of candour'. We saw one example when a service manager was writing to a patient where an error had been made to explain the situation. On Clover/Lvy ward, one patient told us that staff had apologised to her when they had made a mistake and the patient told us that they had found this reassuring. Information about the responsibilities under the 'duty of candour' had been circulated to every ward by the service managers.
- Staff were sent emails which reported on learning from incidents locally. Wards had team meetings. We looked at the minutes from some team meetings and found that they varied in quality which meant that in some wards, for example, Brambling, it was not clear what discussions had been had with ward staff about safety incidents. On Eagle/Osprey ward, we saw that it was very clear from the minutes that staff had the opportunity to discuss incidents and learning from them.
- When a serious incident occurred within the trust, a SBARD (situation, background, assessment, recommendation, decision) briefing was sent to wards to ensure that learning occurred.
- In the forensic mental health service, a new 'lessons learnt' bulletin had been developed which was being disseminated to staff monthly.
- The trust had offered access to debriefing for all ward staff after serious incidents. Debriefing for other incidents was addressed locally as appropriate.

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

Forensic inpatient/secure wards were effective because care plans were developed which incorporated appropriate evidence bases. We saw care plans which were holistic and incorporated medical, nursing, therapeutic, social and physical healthcare needs. Patients had access to a wide range of psychological therapies, individually and in groups. There was a separate health centre on site including GP practice, access to a dentist and podiatrist as well as meeting other physical healthcare needs. Staff were supported with mandatory and specialist training appropriate to their roles. Most staff had regular supervision and appraisals although there were inconsistent approaches to team meetings. Most staff had a good understanding of responsibilities under the Mental Health Act and Mental Capacity Act although this training was not mandatory in the trust.

Our findings

Assessment of needs and planning of care

- The service had adopted "My Shared Pathway" as an assessment and care planning tool to all the wards in the service. The use of My Shared Pathway domains to inform intervention plans had happened in the forensic learning disabilities service and this roll-out was ongoing in the forensic mental health wards.
- We saw good evidence based care plans which covered people's medical needs, therapeutic needs, physical healthcare needs and social needs, such as family visits and involvement. References were made to the specific evidence base relating to the care planning documentation on each plan. People were involved in developing their care plans. We saw that people were aware of their care plans and people's voices were clear in the documentation. Care plans were updated and reviewed regularly.
- People had a full psychological assessment within twelve weeks of admission.
- Where appropriate, easy read and pictorial care plans were used, for example, on Thistle ward.
- Records of physical health care checks were comprehensive and up to date.

- Information about intervention plans and risk assessments was available in both electronic and paper form on the wards to ensure that new or temporary staff who may not be able to access the computer system were able to have up to date information about people's needs.

Best practice in treatment and care

- Medical staff were aware of NICE guidelines regarding prescribing medications. We checked medication records and saw that there were low uses of PRN medicines. Our pharmacist inspector visited Nightingale ward and saw that there had been no use of rapid tranquillisation in the last two years.
- Patients had access to a number of psychological therapies on an individual or group basis which were recommended including cognitive behavioural therapy (CBT), dialectical behavioural therapy (DBT), problem solving skills training (PSST), a sex offenders programme (SOTP), a fire setter group and groups for people with substance misuse issues and anger management issues.
- Psychological programmes on offer were adapted to meet the needs of people with learning disabilities in the service.
- A lead psychologist in the service was involved in the current positive behaviour support (PBS) pathway.
- The service had an onsite health centre with a dedicated modern matron for physical healthcare as well as another nurse practitioner who were non-medical prescribers. This meant that people had access to physical health checks and staff had access to advice regarding the management of physical health needs of patients on the wards.
- There was a GP surgery on site with sessional GPs coming in to provide primary health care cover during working hours. There was also a practice nurse based on site and a dentist and podiatrist visited weekly.
- The modern matron for physical healthcare had developed a decision tool to help understand the need to refer to the local acute hospital
- Clinical staff were able to take part in clinical audits. The trust had developed a number of audits which had led to improved information and outcomes for people who used the services. For example, dieticians based on the site had conducted an obesity audit to ensure that NICE guidance relating to the management of weight was followed.

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.

- On some wards, for example, Eagle ward, the staff had been able to deliver end of life care.

Skilled staff to deliver care

- Patients had access to support from a wide range of professionals through multi-disciplinary working, including medical, nursing, occupational therapy, speech and language therapy, social work, psychology and dietician staff.
- Pharmacists were based on site and attended multi-disciplinary team meetings regularly.
- Most staff were up to date with mandatory training.
- Staff had access to specialist training which related to their roles. For example, in the learning disabilities services, specific autism training was delivered by staff within the service.
- Some wards had access to reflective practice groups which were facilitated by psychologists, including Jay and Sandpiper wards. However, this was not the case on all the wards, including Mandarin, which did not have these groups in place.
- Some wards had regular team meetings based on the wards and other wards this was less consistent. For example, on Eagle/Osprey ward, the team meetings happened monthly. They were fully minuted and discussed issues including results of recent clinical audits, supervision and training needs of staff, issues across the service and directorate and ward specific issues. However, on some wards, team meetings were less formal and happened weekly or fortnightly or were not minuted, for example on Brambling ward. This meant that there was an inconsistent approach and expectation to team meetings. Some people told us on Robin/Kingfisher/Heron wards that team meetings were dependent on other wards being able to release staff. This meant that there may be an inconsistent approach to information sharing and learning at a ward level.
- Staff had access to regular clinical supervision and most people were up to date with appraisals.
- Management told us that there was a capability process to complete where staff were supported through supervision if necessary. Support could be sought from human resources and the staff we spoke with told us that the human resources department was accessible when necessary.

- Staff had access to a three day "management of violence and aggression" (MOVA) training which was provided on-site at Roseberry Park. There were staff available on site to support the needs of patients relating to managing aggression.
- Housekeeping staff were trained in procedural security.

Multi-disciplinary and inter-agency team work

- Nursing staff attended handovers twice a day when they were coming onto shifts and leaving shifts. Individual handovers were given to staff working 'twilight' shifts, for example, between 10am and 10pm. Staff we spoke with displayed a good understanding of the needs of the patients currently on the wards we visited.
- Social workers based in the community forensic outreach services were aligned to wards to provide support for inpatients and to ensure some cohesion when moving to community placements. Social workers on the wards assisted with contact with patients' family and children. There was a specialist community forensic learning disabilities team.
- Copies of intervention plans were available in hard copy on the wards so that staff who were new to the service or temporary staff were able to check the current care needs of patients in the service. We saw that these were up to date.
- In the forensic learning disabilities service, social workers provided additional support when people were discharged by visiting people in their new placements.
- Social workers in the community teams were employed by the local authority (Middlesborough) so were unable to provide ongoing support to people discharged outside the local area.
- We heard an example of a patient in the Northdale Centre who had been involved in training staff about his needs when he moved from a medium secure to a low secure service. This displayed good involvement, as he was able to ensure that staff who would be providing care to him, following his move, were aware of his needs.

Adherence to the MHA and the MHA Code of Practice

- We carried out two Mental Health Act review visits during this inspection. We also checked understanding of the Mental Health Act and the Mental Health Act Code of Practice on the wards we visited.

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.

- We found that most people had a good understanding of the Mental Health Act and how it affected their daily work.
- Documentation relating to the Mental Health Act was excellent. Information was collated in separate folders so that it was easy to access.
- Staff on the wards told us that they were well-supported by the Mental Health Act Office.
- Staff knew where to seek further advice if they had queries relating to the Mental Health Act.
- Training specifically relating to the Mental Health Act was not mandatory. However, staff on the wards displayed competency in their understanding.
- There was easy read information related to decision making and capacity available in the learning disabilities wards.
- We saw some excellent examples of facilitating capacity assessments that ensured people were supported to make specific significant decisions. For example, on Thistle ward we saw that a speech and language therapist had been involved in ensuring that all communication methods were facilitated to allow decision making to take place. We also saw a good example of the use of documentation to explain how issues of capacity relating to a specific decision were decided on Clover/Ivy ward.

Good practice in applying the MCA

- Most staff told us that they had received training related to the Mental Capacity Act, however, this was not part of the trust's mandatory training package.
- Some staff, including some on Harrier/Hawk, told us that they had not received training related to the Deprivation of Liberty Safeguards.
- We were told on the wards we visited, that concerns around capacity for specific patients would be discussed at multidisciplinary team meetings.
- However, on some wards, including Mandarin and Newtondale, we were told that a consultant 'does capacity assessments'. This did not acknowledge that capacity could be assessed by a decision maker at any level, depending on the decision being taken.
- We did not see a consistent approach to using the formal Mental Capacity Act documentation being used uniformly across the service.



Are services caring?

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

Summary of findings

Forensic inpatient/secure wards were caring because patients told us that they were treated with dignity, respect and kindness. We observed a high quality of care and interaction between staff and patients. Patients were involved in their care and in the way that services were run. We saw some excellent examples of patient involvement and people told us that they knew and understood the services which they were receiving. The Recovery and Outcomes Team based at the hospital had a key role in ensuring that patients were engaged and involved in decisions about them.

Our findings

Kindness, dignity, respect and support

- We spoke with patients on all the wards we visited. We observed care being delivered and most of the feedback we received across the wards was positive.
- Staff displayed a very good understanding of the needs of the patients on the wards when asked about individuals and the type of care that they needed.
- We also received positive feedback from family members of patients on the ward. One family member told us “It has taken me 29 years to find a service that is so good and understands my son so well”.

The involvement of people in the care they receive

- There were regular community meetings on the wards we visited which were minuted and were displayed in communal areas of the wards. We observed a community meeting on Brambling ward. We saw that issues were raised, discussed openly and followed up by staff.
- Some wards had “You said, We did” boards on display which evidenced outcomes which had taken place following feedback from service users.
- The forensic learning disability wards had a reference group which met fortnightly called “For Us”. We looked at the minutes from this group. It met regularly and discussed issues across the site for patients.

- The forensic mental health wards had a reference group which met fortnightly called “Our news, our views”. They produced a magazine which updated people throughout the hospital about meetings which took place as well as other relevant information.
- Information about advocacy was displayed prominently in communal areas in the wards we visited and advocates attended community meetings regularly. For example, on Harrier/Hawk, community meetings took place weekly and advocates attended fortnightly.
- Patient surveys were undertaken monthly and this information was fed back to staff on the wards
- On some wards, including Clover/Ivy and Mandarin ward, patients had chaired their own CPA meetings.
- On Heron and Kingfisher wards, which were low secure rehabilitation wards for men with autism, there was scope for self-catering meals.
- On Linnet ward, there was a ‘pat on the back’ scheme where patients and staff could nominate each other for praise. We observed a community meeting on Linnet ward and saw that this was valued by the patients and staff on the ward.
- Patients attended meetings of the governance groups (quality assurance groups (QuAGs)).
- On some wards we saw that patients had been involved in designing the décor – for example, on Sandpiper ward where there was a ‘recovery mural’.
- Some patients had been involved in delivering DBT training to staff.
- In the forensic learning disabilities services, patients were involved in the recruitment of staff.
- Away days on Clover/Ivy and Thistle wards involved all staff members in the multi-disciplinary team as well as patients on the ward. Staff and patients were able to discuss ward related issues in a different environment and context. This was valued by staff and patients. On Thistle ward, patients decided where to go on the away days.
- On Clover/Ivy wards, notes were typed up after ward round meetings and given to patients with feedback afterwards.
- A carer’s satisfaction survey had been carried out shortly before our inspection visit as a programme of work to ensure that carer’s views were collated. The results of this survey had led to actions being taken including appointing a ‘carer’s link nurse’ on wards and



Are services caring?

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establishing a slot on inductions of new staff regarding the roles of carers. There were plans in place to develop carer information packs about the service and the wards.

- Collaborative risk assessment planning tools and training had been developed to ensure that patients were able to have a greater voice in delivering training about risk assessments and being involved in risk assessments on wards.
- The “Ridgeway Recovery Awards” had been developed through coproduction with the user representative groups to have an award ceremony on site to recognise good work and to encourage involvement.
- The Recovery and Outcomes Team had undertaken work to extend involvement from patients across the unit. This included developing materials such as Collaborative Risk Assessment training and engaging with patients to arrange the recovery awards. This ensured that patients were able to be involved in different activities and events through the hospital site.
- Members of the representative user group for people with learning disabilities had represented the service at local and national events related to user involvement.
- Research based in the hospital had specific input from patients in the representative user group to ensure that people’s voices were heard when research projects were planned.

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

Forensic inpatient/secure wards were responsive. There were clear admission and discharge pathways. However, there were some delays to discharges when available services were not present in the communities patients were moving back to. The ward environments met people's needs. There was space for activities and meetings on the wards and all wards had access available to outside areas. There was an activity centre, gym and medical centre available on site. The service was responsive to individual needs as there was access to chaplaincy services and spiritual support. Each division had an equality and diversity lead. Patients were aware of how to make complaints and staff knew how to manage complaints.

Our findings

Access, discharge and bed management

- There were clear admission and discharge pathways through the forensic services. Individuals were assessed prior to admission to ensure that their needs could be met in the service. Some people were admitted from out of the local area, but people locally were also provided with a service.
- There were some barriers to discharge for some people. We were told on Nightingale ward that appropriate accommodation can be one example of a barrier to discharge.
- There were some delayed discharges through the service as some of the services were specialist and there were not community resources that met the needs of the patients. We were told that there was a rehabilitation unit run by a third sector organisation for men with learning disabilities 'stepping down' on discharge from the hospital, however, there was no equivalent local service for women. This meant that there were some delays to discharges. This was due to gaps in commissioning arrangements which were outside the service's control, however, this had an impact on patients in the service.

The ward optimises recovery, comfort and dignity

- The Ridgeway was built in 2010. Each bedroom has ensuite facilities and the wards we visited had sufficient rooms for activities and to allow for privacy.
- Clinic rooms had examination couches and were stocked with relevant equipment including emergency equipment.
- There was a separate health centre on site which had a GP surgery, a dentist surgery and additional space for consultations related to physical health. This also ran a clozapine clinic weekly.
- There was a leisure centre with a gym, an exercise studio, a carpentry workshop and additional rooms for activities.
- There was a shop and café run by patients of the forensic mental health wards and the forensic learning disabilities wards which patients could access.
- There was a small library which had DVDs and games, as well as books, which patients could borrow.
- Each ward had accessible outdoor space. Lark ward had two accessible spaces, one area which was used for people who wished to smoke and the other outdoor area which was 'smoke free'.
- There was a separate area for children visiting the hospital which was not on the ward.
- While some wards had locked kitchen areas, this restriction which was being considered as a hospital-wide response to address restrictive blanket practices in the forensic services. Drinks and snacks were available through the day and night to people. For example, when kitchen areas were locked, flasks were made available for people to make hot drinks. A range of activities were available through the week with support from occupational therapists and occupational therapy assistants. We saw work which was done on Eagle/Osprey ward with an occupational therapy assistant which had been designed to reflect the interests of the patients they worked with involving a project related to public transport.
- Newtondale currently operates as a 20 bedded ward. This is larger than the ward specification recommended by the Royal College of Psychiatrists of 18 beds. Some proposals had been put into place to reduce the size of the ward.

Meeting the needs of all people who use the service

Are services responsive to people's needs?

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

- The design of the hospital environment meant that all wards were accessible to people with physical disabilities. Wards had rooms which were specified for people who may have additional mobility needs and require additional space for equipment.
- Information, such as ward information guides, information about people's rights and information about mental illness and medicines were provided in an easy read format for people with learning disabilities.
- Patients using the service had access to interpreters when required. Staff were aware of the process to book interpreters.
- There was a multi-faith room available in the activity centre which had information about different religions. A chaplain visited regularly and people who required support from leaders of different religions were able to access this. We met one patient who was a practising Muslim and had access to an imam and halal food. We saw, in the Northdale Centre, that the direction of Mecca was indicated in the seclusion room.
- On Mallard ward, which was a ward for older men, there was a reminiscence room and information had been adapted to be more relevant to the user group of older people and people who may have cognitive impairments.
- On Thistle ward we saw that restraint techniques had been adapted to ensure the well-being of patients on the ward who had specific physical health needs.
- Patients on the wards had access to activities which were mixed gender or gender specific depending on the needs and preferences of the patients.
- There was information available through leaflets and in easy read format about sexuality, sexual orientation and transgender needs.
- On the Forensic Mental Health and Forensic Learning Disabilities parts of the service, there was a named 'Equality and Diversity Lead' who was a modern matron and who staff identified as a resource for additional information if required.
- We met some transgender patients in the hospital. Staff were sensitive to their specific needs and we saw that where relevant, patients were supported to attend external appointments.
- We were told that workshops were being planned relating to gay, lesbian and transgender patients.
- Health promotion work was undertaken by the practice nurse who was based at the health centre, including smoking cessation information.

Listening to and learning from concerns and complaints

- We spoke with patients on all the wards we visited. Patients were aware of the complaints procedure. They told us that they would feel comfortable raising concerns and complaints.
- Information was on display clearly on all the wards about complaints procedures, who to contact and expected responses. This information was also available in the ward introduction packs.
- Staff we spoke with were aware of the complaints procedure and how to manage complaints which were made directly to them
- Complaints were discussed in team meetings and in internal governance meetings to ensure that lessons were learnt.
- Information on the outcomes of complaints was discussed in governance meetings internally. This was disseminated to ward level as a part of the 'lessons learnt'. However, ward level meetings were inconsistent, for example, on Brambling ward there had been one ward meeting (an away day) in the previous three months. This meant there was a risk that all learning from complaints would not be disseminated to all staff teams.
- Six formal complaints were made in the year leading to Aug 2014 of which one was upheld. No complaints from this service were referred to the Ombudsman

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

Forensic inpatient/secure wards were well-led because staff were enthusiastic about the trust and their management. Staff working in the wards felt engaged by the organisation and were proud to work for the service. There were systems in place to ensure that information was available to the service management and to the trust. Where issues had been identified they had been picked up in action plans which identifiable targets and responsible individuals. Staff were given the opportunity to develop within the trust and were aware of how to raise concerns. There was an ongoing commitment to research and quality improvement evident by accreditation through the Royal College of Psychiatrists and links with local universities to embed research and service-user led research to improve outcomes.

Our findings

Vision and values

- Staff we spoke with, across the wards we visited, displayed enthusiasm for their jobs and ensured that patients were at the heart of the care which they provided.
- Most staff were aware of the trust senior management team and felt that there was contact with the management within the service. Some staff spoke very positively about the leadership within the forensic mental health and learning disabilities services based at Roseberry Park and felt that the leadership team was visible on the wards.

Good governance

- Information was available to ward managers regarding the performance of their wards, for example, there was electronic access to staff training records, absence levels and current vacancies as well as bank and agency staff.
- Modern matrons supervised the ward managers and met frequently with ward managers and among themselves to ensure that performance was monitored.
- There were action plans in place related to the recent non-compliance with the last inspection of the services

at the Ridgeway Centre in March 2014. This showed that the identified issues were being checked against performance targets which were reviewed regularly at quality and assurance group meetings.

- We saw that issues which had been raised previously in inspections and Mental Health Act Commissioner visits to the wards, had led to actions being taken, for example, the work which was ongoing regarding reducing restrictive practices on the wards and work which was being undertaken to further ensure differentiation between locked, low and medium secure services. This was continuing when we arrived for the inspection visit but we saw that significant changes had taken place and that this work would be continuing.
- There were systems in place to ensure that incidents, complaints, updates around the trust, information from audits and changes in guidance, for example, new NICE guidance, was discussed through the service in meetings at management and ward levels. Information was shared through bulletins, emails and face to face meetings.

Leadership, morale and staff engagement

- Sickness rates across the directorate were at 6.54% for Nov/Dec 2014. This was higher in the forensic learning disabilities services (8.06%) than the forensic mental health services (5.27%). Some wards were particularly affected by sickness, for example, on Eagle/Osprey this was 12.13%.
- Staff we spoke with told us that they were aware of how to raise concerns internally. Staff told us that they would feel able to speak with their line managers if they wanted to raise a concern.
- Ward managers told us that they had an opportunity to access leadership training. One ward manager explained to us that as a part of this training they had contacted the CEO of the trust requesting information and had received a telephone call directly in response which they felt was indicative of the supportiveness of the organisation.
- The forensic service have established 'Schwartz rounds' which are supportive monthly meetings which clinical and non-clinical staff can have time to meet and discuss issues related to the work. Staff were very positive about the impact of these opportunities and their inclusivity.

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.

- We saw an example of an incident on Kingfisher/Robin/ Heron ward where an error had been made by a member of staff. We saw that the service manager had ensured that an apology and explanation was provided to the person concerned.

Commitment to quality improvement and innovation

- The wards at the Ridgeway Centre were accredited through the Royal College of Psychiatrists CCQI (College Centre for Quality Improvement) network for forensic services. They were members of a peer network and this ensured that learning was shared with other organisations and demonstrated a commitment to quality improvement.
- Some wards participated in research developments, for example, Jay ward were involved in research relating to patient involvement.
- There were forums set up to share good practice in the forensic mental health division called “Share and Spread” groups.
- Staff spoke of the opportunities that they had had through the trust to develop ideas to improve practice through the Rapid Improvement Networks. For example, on Lark ward, the ward manager had developed a piece of work to look at cancelled leave and ways to manage leave for patients as group leave to extend opportunities for out of ward activities and trips while staff levels were static .