Avon and Wiltshire Mental Health Partnership NHS Trust

Inspection report

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Ratings

Overall trust quality rating

Requires Improvement

Our findings

Our reports

We plan our next inspections based on everything we know about services, including whether they appear to be getting better or worse. Each report explains the reason for the inspection.

This report describes our judgement of the quality of care provided by this trust. We based it on a combination of what we found when we inspected and other information available to us. It included information given to us from people who use the service, the public and other organisations.

We rated well-led (leadership) from our inspection of trust management, taking into account what we found about leadership in individual services. We rated other key questions by combining the service ratings and using our professional judgement.

Overall summary

What we found

Overall trust

Fromeside is an 81 bed medium secure service caring for people with a mental illness and/or personality disorder who also have a criminal history or have risks and behaviours that mean they cannot be treated in mainstream mental health services.

Our rating of this location went down. We rated it as requires improvement because:

- Staff were not following procedures for when clinic room temperatures were above the recommended guidance.
- Substantive staff were not having regular line management supervision. Temporary staff were not fully engaging with patients.
- There were blanket restrictions. Patients had access to fresh air for 15 minutes every hour and when garden doors were open all other doors to communal areas were closed. Restrictions were then imposed on patients not having access to fresh air.
- Activities were not always meaningful, consistent or regular.
- While audits assessed and monitored systems to ensure patient safety, the findings had not been used to make improvements. Some audits had not fully assessed and monitored systems. For example, levels of noise from staff keys, use of mobile phones on wards and the conduct by temporary staff.

However:

- The trust was responsive to complaints raised by patients.
- Training was encouraged and there were opportunities for progression.
- The trust was taking steps to develop community relationships to support the smooth transition of patients into discharge.
- There was a patient representative on wards.

Our findings

- Patients cared under MHA section were told about their rights and their S17 leave was rarely cancelled.
- The service provided safe care and wards were safe and clean.
- Staffing levels were maintained with regular bank and agency staff.
- Staff managed medicines safely and followed good practice with respect to safeguarding patients.

Background to inspection

The hospital is registered to carry out three regulated activities.

• Assessment or medical treatment for persons detained under the Mental Health Act 1983,

• Diagnostic and screening procedures and

• Treatment of disease, disorder, or injury

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

Is it safe?

Is it effective?

Is it caring?

Is it responsive to people's needs?

Is it well-led?

What people who use the service say

Overall patients felt safe at the service and felt confident to approach staff and advocates with complaints.

Patients were knowledgeable about their care needs. They were aware of their legal status, conditions of their stay and were informed about their rights. They said their S17 leave was rarely cancelled.

However, some patients said temporary staff were not always respectful, took mobile phones on the ward and activities were inconsistent and lacked variety.

There was a patient representative on each ward who attended community meetings to represent patient views.

Patients that gave us feedback about the levels of noise from staff's keys, door slamming and viewing windowpanes left open.

How we carried out this inspection

Our findings

This inspection was unannounced. We reviewed information that we held about the service.

- Spoke with 10 patients and attended a patient's community meeting.
- Tour of the environment and checked the clinic rooms in Cary, Teign, Wellow and Severn.
- Looked at a range of policies and procedures related to the running of the service.
- Attended a handover when the shift changed.
- Reviewed 20 care records and 10 treatment records.
- Interviewed the secure service manager and operation manager.
- Spoke with 2 ward managers, 10 nursing staff including charge nurses, nurses and health care support workers. We also spoke with 2 agency staff and an activities coordinator.
- Spoke to the consultant psychiatrist, dietician, Speech and Language Therapist, medicine's technician and Reducing Restrictive Practice Lead.

You can find information about how we carry out our inspections on our website: https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection

Areas for improvement

Action the service MUST take to improve:

- The trust must ensure that staff follow guidance for clinic room temperatures. The trust must ensure good practice guidance for clinic rooms are followed to ensure the components of medicines are not compromised. Regulation 12
- The trust must develop and regularly review detailed ward specific restrictive practice audits that lists all identified blanket restrictions to ensure they are reduced where possible. The trust must ensure that patients are not subject to blanket restrictions. Regulation 13
- The trust must consider the level of noise and the impact on patients, particularly in areas where low stimulation is needed to reduce patient's levels of anxiety. Regulation 10
- The trust must ensure that staff have regular supervision with their line manager. The trust must ensure managers have regular discussions with staff on their performance, training needs and support needed. Regulation 18.
- The trust must monitor the conduct of temporary staff. The trust must monitor and assess how staff engage with patients. The trust must ensure audits identify gaps in the delivery of care and treatment to develop plans on how to meet shortfalls. Regulation 17

Action the service SHOULD take to improve:

- The trust should ensure that recovery focused care plans are developed.
- The trust should provide regular activities for patients to support their independent living skills.

Key to tables

Ratings	Not rated	Inadequate	Requires improvement	Good	Outstanding
Rating change since last inspection	Same	Up one rating	Up two ratings	Down one rating	Down two ratings
Symbol *	→←	↑	↑↑	↓	↓↓

Month Year = Date last rating published

* Where there is no symbol showing how a rating has changed, it means either that:

- we have not inspected this aspect of the service before or
- we have not inspected it this time or
- changes to how we inspect make comparisons with a previous inspection unreliable.

Ratings for the whole trust

Safe	Effective	Caring	Responsive	Well-led	Overall
Requires improvement Nov 2021	Good Nov 2021	Good Nov 2021	Requires improvement Nov 2021	Good Nov 2021	Requires Improvement →← Oct 2023

The rating for well-led is based on our inspection at trust level, taking into account what we found in individual services. Ratings for other key questions are from combining ratings for services and using our professional judgement.

Ratings for a combined trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Acute locations	Not rated	Not rated	Not rated	Not rated	Not rated	Not rated
Ambulance	Not rated	Not rated	Not rated	Not rated	Not rated	Not rated
Adult social	Not rated	Not rated	Not rated	Not rated	Not rated	Not rated
Mental health	Not rated	Not rated	Not rated	Not rated	Not rated	Not rated
Community	Not rated	Not rated	Not rated	Not rated	Not rated	Not rated
Primary medical	Not rated	Not rated	Not rated	Not rated	Not rated	Not rated
Overall trust	Requires improvement Nov 2021	Good Nov 2021	Good Nov 2021	Requires improvement Nov 2021	Good Nov 2021	Requires Improvement ➔➔ Oct 2023

The rating for the well-led key question is based on our inspection at trust level, taking into account what we found in individual services. Ratings for other key questions take into account the ratings for different types of service. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

Rating for mental health services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Acute wards for adults of working age and psychiatric intensive care units	Inadequate Mar 2023	Good May 2020	Good May 2020	Requires improvement May 2020	Requires improvement Mar 2023	Requires improvement Mar 2023
Specialist community mental health services for children and young people	Requires improvement Nov 2021	Good Nov 2021	Good Nov 2021	Requires improvement Nov 2021	Good Nov 2021	Requires improvement Nov 2021
Community-based mental health services of adults of working age	Requires improvement May 2023	Good May 2023	Good May 2023	Good May 2023	Requires improvement May 2023	Requires improvement May 2023
Mental health crisis services and health-based places of safety	Good Dec 2018	Good Dec 2018	Good Dec 2018	Good Dec 2018	Good Dec 2018	Good Dec 2018
Community-based mental health services for older people	Good Sep 2016	Good Sep 2016	Good Sep 2016	Good Sep 2016	Good Sep 2016	Good Sep 2016
Wards for older people with mental health problems	Requires improvement Nov 2021	Good Nov 2021	Requires improvement Nov 2021	Good Nov 2021	Requires improvement Nov 2021	Requires improvement Nov 2021
Substance misuse services	Good Sep 2016	Good Sep 2016	Good Sep 2016	Good Sep 2016	Outstanding Sep 2016	Good Sep 2016
Forensic inpatient or secure wards	Requires Improvement ↓ Oct 2023	Good →← Oct 2023	Requires Improvement ↓ Oct 2023	Good →← Oct 2023	Requires Improvement ↓ Oct 2023	Requires Improvement ↓ Oct 2023
Long stay or rehabilitation mental health wards for working age adults	Requires improvement Mar 2023	Good Oct 2017	Good Oct 2017	Good Oct 2017	Good Mar 2023	Good Mar 2023
Community mental health services for people with a learning disability or autism	Requires improvement Sep 2016	Good Sep 2016	Good Sep 2016	Good Sep 2016	Good Sep 2016	Good Sep 2016
Child and adolescent mental health wards	Requires improvement Dec 2018	Requires improvement Dec 2018	Requires improvement Dec 2018	Requires improvement Dec 2018	Requires improvement Dec 2018	Requires improvement Dec 2018
Wards for people with a learning disability or autism	Good May 2020	Good May 2020	Good May 2020	Good May 2020	Good May 2020	Good May 2020
Overall	Not rated	Not rated	Not rated	Not rated	Not rated	Not rated

Overall ratings for mental health services are from combining ratings for services. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

Forensic inpatient or secure wards

Requires Improvement ↓

Is the service safe?

Requires Improvement ↓

Safe and clean care environments

All wards were safe, clean, well equipped, well furnished, well maintained and except for clinic rooms they were fit for purpose.

Safety of the ward layout

The wards complied with guidance and there was no mixed sex accommodation. Except for 1 female ward all other medium secure wards were male only.

Ward layouts enabled staff to observe parts of the ward and mirrors were placed in areas where their views were obscured.

Staff completed and regularly updated risk assessments of all ward areas and removed or reduced any risks identified.

There were no potential ligature anchor points in the service. There was a ligature heat map which represents the level of risk identified and accessible to staff in all wards. Staff knew about any potential ligature anchor points and mitigated the risks to keep patients safe. Ligature cutters were available in an emergency and all staff knew where to find them.

Staff had access to alarms and patients had access to nurse call systems.

Maintenance, cleanliness, and infection control

Housekeeping staff were employed and were seen on wards. Ward areas were clean, well maintained, well-furnished and fit for purpose.

Environmental weekly checklists were completed, and any issues were documented. For example, broken handles.

The clinic room checks included the ventilation which had been checked with no further action although the temperatures were above good practice guidance. Records of clinic room temperatures were above 25 degrees. This meant temperatures were outside of good practice guidance.

Staff followed infection control policy, including handwashing.

Seclusion room

Seclusion rooms were in Teign and Bradley Brook wards. They were in quiet areas of the ward and staff were able to monitor all areas at a distance. Patient's privacy was respected and there was suitable facilities and fixtures for patients to be as comfortable as possible. For example, bedding, en-suite facilities, food and drink was available and there was access to fresh air. There was a call system, a clock visible at eye level, and they had access to a telephone for contact with families and external professional agencies.

Forensic inpatient or secure wards

Clinic room and equipment

Clinic rooms were secure when staff were not in the room. Emergency bags in all wards were regularly checked. Fire Hazard posters were on display regarding paraffin-based skin products.

Equipment in clinic rooms was not always well maintained across the wards visited. For example, weighing scales had not been serviced in Severn and in Teign wards and alcohol detectors were out of date in Cary, Severn and in Wellow wards. There was out of date stock such as speculums, nicotine replacement and burn soothe kits in Teign ward.

Clinic room temperatures were documented, and they were frequently above 25 degrees in all wards except for Severn Ward. Good Practice guidance recommends medicines to be stored below 25 degrees, as the components of some medicines can change when exposed to different temperatures. Staff were not following trust procedure when the temperatures rose above 25 degrees. Records of temperature checks lacked details of the actions taken when the temperatures rose above 25 degrees. For example, the actions taken in June 2023 were missing when clinic room temperatures were consistently above 25 degrees and in Teign and in Cary when they were consistently over 29 degrees.

The clinic room temperatures in Wellow ward were between 25 and 30 degrees and the actions documented were to open the window. However, the temperatures in June 2023 were the same outdoors which did not assist with reducing the temperature of the room.

Managers were aware that clinic room temperatures were consistently over 25 degrees.

The ward manager in Teign responded to our concerns promptly by clearing under sink storage of duplicate equipment no longer in use.

Safe staffing

The staffing levels were maintained by permanent, bank and agency staff. There was enough nursing and medical staff. Training to keep people safe from avoidable harm was provided to substantive staff.

Nursing staff

The service had enough staff on each shift to carry out any physical interventions safely. Staffing levels were maintained with permanent, bank and agency staff. Rotas were based on safer staffing such as the number of patients on the ward and their level of acuity. Agency staff were rostered when patients needed additional individual support.

Permanent staff and patients across all wards commented on the use of agency staff, how they engaged with them and met the expectations of the ward tasks. For example, the high numbers of agency staff impacted on the delivery of care. Agency staff were not approachable and questioned patients on why they needed assistance. However, one ward manager had responded to feedback from the patient group and had instructed staff not to sit in their lounge because there were too many using their space.

When staff were on 1:1 or 2:1 observations we noted many not interacting with patients. For example, there were 4 staff in a corridor when there were no patients in the area. This meant staff were not observing patients at the level of monitoring required by the risk level. We were told of the reluctance to begin the re-introduction of one patient to the ward from seclusion because the patient could become irritated by too much staff presence.

Ward managers in Teign and Cary were taking steps to provide continuity of care by having more permanent and bank staff on duty covering day shifts and not only at night or weekends. There were high levels of agency staff maintaining staffing numbers in Teign, Severn, Bradley Brook and Cary. For example, they covered 200 shifts in June 2023.

Forensic inpatient or secure wards

The service had reducing vacancy rates. The trust was operating above their vacancy rate by 7% of the 17% target - 78 whole time equivalent (WTE). There were 396 whole time equivalent (WTE) staff in post with 98 WTE bank staff covering vacant posts. Levels of sickness rate was above the target of 4% at 7%. Workforce had been added to the corporate risk register.

Bank and agency staff had an induction before starting their shift for the first time. Ward information was available for bank and agency staff on the patients, photographs to support identification, their legal status, observation levels and likes and dislikes.

Patients had regular one to one sessions with their named nurse.

Patients rarely had their escorted leave cancelled, even when the service was short staffed. However, the range of activities were limited or supported patients with developing independent living skills

Staff shared key information to keep patients safe when handing over their care to others.

Medical staff

The service had enough daytime and nighttime medical cover and a doctor available to go to the ward quickly in an emergency.

Managers could call locums when they needed additional medical cover.

Managers made sure all locum staff had a full induction and understood the service before starting their shift.

Mandatory training

There was an expectation that staff attend training set as mandatory by the trust. There was 92% attendance of staff on mandatory training which was above the 90% target. Staff were sent email reminders when their mandatory training was due. Staff were positive about the training provided and their opportunities for progression.

Assessing and managing risk to patients and staff

Staff assessed and managed risks to patients.

Staff had the skills to develop and implement good positive behaviour support plans and followed best practice in anticipating, de-escalating, and managing behaviours that placed them and others at risk of harm. As a result, they used restraint and seclusion only after attempts at de-escalation had failed. The ward staff participated in the provider's Reducing Restrictive Practice programme.

Assessment of patient risk

Risk assessments were completed for each patient on admission / arrival, using a recognised tool, and regularly reviewed.The National Early Warning Score 2 (NEWS2) was used to assess illness severity and risk of deterioration for patients. However, there were gaps in the recording of physical health checks carried out. Records lacked detail on how staff supported patients to agree to physical health checks when they frequently refused.

Forensic inpatient or secure wards

Management of patient risk

Patient's risks were assessed, and staff were knowledgeable on the impact to the individual and others. For example, additional staff were on duty to undertake observations to reduce potential harm to others. A summary of the risk was documented which included aggression, self-harm or self-neglect along with guidance on how staff were to respond. Some risk assessments lacked detail, the level of risk was missing and for some patients the risk assessment was a standalone document and not linked to a care plan.

Staff could observe patients in all areas of the wards. Staff followed procedures to minimise risks where they could not easily observe patients.

Staff followed trust policies and procedures when they needed to search patients or their bedrooms to keep them safe from harm.

Use of restrictive interventions

The designated lead completed restrictive practice audits for all wards which the trust reviewed and where appropriate responded with any additions and suggestions. However, audits were not ward specific and lacked patient involvement. Missing from the audit were the restrictions to other parts of the ward when there was access to the garden. Patient's accessible areas were locked when the garden door was unlocked for the hourly 15 minutes access to the garden. Patients choosing not to have fresh air access during these times were not able to prepare refreshments, despite most having 1:1 staff designated to undertake observations.

Staff participated in the provider's Reducing Restrictive Practice programme , which met best practice standards. Levels of restrictive interventions were low. Staff mostly used de-escalations to prevent situations from escalating. For example, 1:1 staff observation as well as quiet, sensory and de-escalation rooms. However, there was high level of noise from staff keys and from them allowing doors to slam across all wards which impacted on the low stimulus environment. The sound vibrated in the sensory room in Cary the ward for autistic patients and patients with learning disabilities. The trust told us following the inspection that it had received some funding to complete a sensory project to understand the noise levels on the wards and how to reduce them. This work was reported to be in the early stages of implementation and patients were still reporting high levels of noise

Collaborative Service Plans (CSP) were devised with patients on the early warning signs of anxiety and frustrations which included their views, triggers and how staff were to respond. For example, the words to use or to avoid. Individual positive behaviour support plans were developed on the triggers exhibited, responses from staff on how to de-escalate situations along with acceptable holds that may be used when behaviours escalate to potential harm to self and others.

Staff followed best practice, including guidance in the Mental Health Act Code of Practice, if a patient was put in long-term segregation.

Safeguarding

Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

Patients that gave us feedback said they mostly felt safe, and the staff gave them a sense of security. Safeguarding of vulnerable adults training was mandatory for all staff to attend. They were able to recognise the signs of abuse and appropriate for their role who they reported abuse. Staff gave us examples on when they reported alleged abuse and the actions taken to safeguard patients.

Forensic inpatient or secure wards

Staff were kept up to date with their safeguarding training.

Managers took part in serious case reviews and made changes based on the outcomes.

Staff access to essential information

Permanent and bank staff had easy access to clinical information, and it was easy for them to maintain high quality clinical records – whether paper-based or electronic.

The trust used an electronic system of recording patient information that was accessible to permanent staff and access to bank and long-standing agency was dependent on their role. Electronic records were protected by passwords and paper records were kept in the ward office.

Other means of access to patient information included handovers when there were shift changes and patient boards with essential information. Handovers were brief and mainly gave staff an overview of the patient, the previous 48 hours, and level of observations.

Progress notes were used to document current information such as visits from other professionals, outcome of checks and activities. However, we found the information documented between records were inconsistent with the progress notes. For example, one patient in Cary was on 30 minutes observations but the progress notes stated observations were at 60-minute intervals.

Medicines management

The service used systems and processes to safely prescribe, administer and record. The temperature of clinic rooms was above the recommended guidance. There was potential for medicines to be compromised because the clinic room temperatures were above good practice guidance. Staff regularly reviewed the effects of medications on each patient's mental and physical health.

The trust uses an electronic prescription medication administration system (EPMA). There were safe processes for prescribing and administration of medicines. Processes and systems were checked regularly by the supplying pharmacist and a pharmacy technician. Their role included checks of expiry medicines and clinic room and fridge temperatures. Clinic room temperatures were above the recommended guidance in Teign, Wellow, and Cary. There were safety implications for medicines to be unusable and the expiry dates to be reduced due to the temperatures in clinic rooms. The themes of clinic room temperatures across wards were already made known to local senior managers. Records of temperature checks during the inspection demonstrated a running theme of above recommended guidance for clinic rooms.

Medicines were stored securely, and staff managed all medicines and prescribing documents safely. Medicines records were accurate and kept up to date. Emergency equipment was kept in the ward's clinic rooms and checked regularly.

The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Stopping over medication of people with learning disability, autism or both with psychotropic medicines (STOMP) was viewed as a strength in medication optimisation (STOMP) was viewed as a strength in medication optimisation.

Staff reviewed the effects of each patient's medicines on their physical health according to NICE guidance.

Forensic inpatient or secure wards

Track record on safety

Reporting incidents and learning from when things go wrong.

The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service.

Trust wide alerts were shared by ward manager at meetings. Ward Managers discussed incidents at multidisciplinary meetings and learning from incidents were reviewed at business meetings with other managers. Senior managers monitored action plans once ratified to ensure learning was embedded.

Staff were made aware of local changes during handovers by the nurse in charge or from senior managers by emails where there were serious incidents and learning impacted the organisation.

Staff reported incidents to the trust and to the police where appropriate. However, because of capacity the staff from the ward were caring for one patient moved to another ward. Debrief happened following incidents. For example, there was a follow-up meeting for an incident that occurred when there was a transfer of care.

Is the service effective?

Good 

Assessment of needs and planning of care

Staff assessed the physical and mental health of all patients on admission. They developed individual care plans which were reviewed regularly through multidisciplinary discussion and updated as needed. Care plans reflected patients' assessed needs, and were personalised, holistic and recovery oriented. They included specific safety and security arrangements and a positive behavioural support plan.

Pre-admission multidisciplinary information about new placements was shared with ward staff. Multidisciplinary teams and where appropriate the Ministry of Justice make decisions about patient's onward discharge pathways. Patients in Cary received support from the Forensic Intelligence Neuro Diverse Team (FIND) before their admission.

Care plans were audited by ward staff and the records show 100% compliance on personalisation and that they are up to date and regularly reviewed. Most care plans were holistic and listed patients' mental and physical health care needs. Generally care plans were person centred but few lacked detail, they were not recovery focussed or reflective of progress notes. For example, the actions from staff to meet the needs identified and how outcome goals were reviewed was missing.

Staff regularly reviewed and updated care plans when patients' needs changed.

Best practice in treatment and care

Staff mostly provided a range of treatment and care for patients based on national guidance and best practice. They ensured that patients had good access to physical healthcare and supported them to live healthier lives. Staff used recognised rating scales to assess and record severity and outcomes.

Forensic inpatient or secure wards

Staff provided a range of care and treatment suitable for the patients in the service. For example, physical health checks and medicines administration. However, good practice guidelines for clinical room temperatures were not consistently followed.

Staff used recognised rating scales to assess and record the severity of patients' conditions and care and treatment outcomes. For example, NEWS National Early Warning Score established to identify deteriorations of physical health.

Skilled staff to deliver care.

The ward team(s) included or had access to the full range of specialists required to meet the needs of patients on the ward(s). Managers made sure they had staff with the range of skills needed to provide high quality care. They supported staff with appraisals, supervisions, and opportunities to update and further develop their skills. Managers provided an induction programme for new staff.

The recruitment and retention of specialists to meet the needs of patients in secure services was improving although the trust struggled to recruit and retain psychiatrists, psychologists, Occupational therapists (OT) and social workers. Some patients on Wellow said there was a lack of psychology input. The medical team meet fortnightly to support education, training and debrief.

New staff had a corporate induction which included attending mandatory training and for some the Care Certificate. New staff were supported to gain confidence before working unsupervised on the ward. They worked supernumerary for two weeks to shadow more experienced staff which prepared them to work on the wards. There were opportunities for staff to progress. There were apprenticeship, leadership and associate practitioner programmes.

Substantive staff working on inpatient wards had annual appraisals. The figures provided by the trust showed annual appraisals was 5% above the 90% target.

However, supervision was not regular for all staff. Figures provided since the inspection visit showed the rate of supervision was 80% and was below the 85% target. Bank staff were not having regular supervision with their line managers. Locality senior managers had recognised there was a need for all staff to have supervision including for long standing agency and bank staff for the values of the organisation to be embedded.

Managers recognised poor performance, could identify the reasons, and dealt with these. Ward managers were supported by HR and senior managers to monitor poor performance and how to introduce changes to the ward.

Multi-disciplinary and interagency teamwork

Staff from different disciplines worked together as a team to benefit patients. They supported each other to make sure patients had no gaps in their care. The ward team(s) had effective working relationships with other relevant teams within the organisation and with relevant services outside the organisation.

A consultant forensic psychiatrist and medical lead, psychiatrists, psychologists, Occupational Therapists (OT) and social workers were part of the multidisciplinary team. A multi professional nurse consultant also joined Multidisciplinary (MDT) meetings.

MDT meetings were weekly on each ward to discuss patients and improve their care. Decisions were made at the meetings about their pathway of care and onward discharges.

Forensic inpatient or secure wards

Patients reviews of care were at MDT meetings which patients attended. The notes from the meetings were documented in the progress notes which staff accessed and shared during handovers.

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

Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Health Act Code of Practice and discharged these well. Managers made sure that staff could explain patients' rights to them.

Staff received, and kept up to date, with training on the Mental Health Act and the Mental Health Act Code of Practice and could describe the Code of Practice guiding principles.

Staff had access to support and advice on implementing the Mental Health Act and its Code of Practice.

Staff knew who their Mental Health Act administrators were and when to ask them for support.

Posters gave information to patients about advocacy services. Patients had regular contact with their advocate for independent support.

Staff explained to each patient their rights under the Mental Health Act in a way that they could understand, repeated as necessary and recorded it clearly in the patient's notes each time.

Patients leave was rarely cancelled and they were able to take section 17 leave (permission to leave the hospital) when this was agreed with the Responsible Clinician and/or with the Ministry of Justice. Patients were aware of the conditions of their mental health status and the leave that had been agreed.

Section 17 care plans were in place which stated the conditions of leave and the actions from staff to ensure leave was not restricted or delayed. For example, the patient must be settled for 72 hours before leave was taken. Care plans included information about after-care services available for those patients who qualified for section 117 of the Mental Health Act.

Good practice in applying the Mental Capacity Act

Staff supported patients to make decisions on their daily living care. They understood the trust policy on the Mental Capacity Act 2005.

Patients in medium secure services were being cared for under section of the Mental Health Act. Staff helped patients to make daily living decisions such as times to rise, clothing and meal choices.

Lawful authority for the administration of medicines was evidenced by T2 and T3 forms. T2 forms had been completed where the responsible clinician was assured the patient had mental capacity to consent to their medications. Where patients refused or not capable of consenting to treatment a T3 form was completed by a Second Opinion Appointed Doctor.

Is the service caring?

Requires Improvement 

Forensic inpatient or secure wards

Kindness, privacy, dignity, respect, compassion, and support

Most staff treated patients with compassion and kindness. They respected patients' privacy and dignity. They understood the individual needs of patients and supported patients to understand and manage their care, treatment, or condition.

Overall patients praised regular staff. They were discreet, respectful, and responsive when caring for patients. However, some patients commented on the attitude of agency staff. Some staff questioned patients on why they had to assist them, and they were not responsive when assistance was requested. For example, asking why they were not able to do [task] themselves.

Staff described how they demonstrated that patients mattered to them. For example, they were approachable to patients, they provided reassurance and acted upon patients requests and supported them on appointments.

Patients were given welcome handbooks telling them about secure services and introduction folders included patients likes and dislikes.

Staff followed policy to keep patient information confidential.

Involvement in care

Staff involved patients in care planning and risk assessment and actively sought their feedback on the quality of care provided. They ensured that patients had easy access to independent advocates. However, staff did not always follow patient care plans.

Involvement of patients

Patients were welcomed to the ward when they arrived. Welcome handbooks were handed to patients which included information on what to expect from secure services.

Patients were aware of having a care plan and their voices were reflected. However, there were patients who said their care plans were not fully followed by the staff. For example, some activities not happening, or the sessions being shortened.

The staff in Cary developed an accessible collaborative safety plan. For example, what was important to the patient and their physical health. Staff made sure patients understood their care and treatment (and found ways to communicate with patients who had communication difficulties).

Community meetings with patients were taking place on the wards. Patient's representatives (represents the views of patients), patients, the ward manager and staff joined the meetings. The ward manager at a community meeting in Teign gave feedback, shared information such as colour coded doors and discussed recent complaints.

Involvement of families and carers

Staff informed and involved families and carers appropriately.

Patients were supported to maintain relationships with families. There were visitor's rooms for patients to see visitors in private. Where appropriate staff accompanied patients on visits to see relatives.

Staff helped families to give feedback on the service.

Forensic inpatient or secure wards

Is the service responsive?

Good

Access and discharge

Staff planned and managed patient discharge well. They worked well with services providing aftercare and managed patients' moves to another inpatient service or to prison. As a result, patients did not have to stay in hospital when they were well enough to leave.

Bed management

Patients estimated date of discharge were documented on their care notes. Dates of admission were tracked to monitor the length of stay.

Patients were moved between wards only when there were clear clinical reasons. We were told of two patients who were transferred to other wards to reinstate stability and reduce the potential of harm to others.

Discharge and transfers of care

Care Programme Approach (CPA) meetings were held to discuss discharge options with patients. Specialist Forensic team were onsite, community teams and care coordinators attended before and after discharge meetings.

Tribunal panels made decisions to discharge patients from specific sections under the MHA except for those cared for under orders by the court. Patients were aware of the conditions of the section they were being cared under MHA and the decisions for discharge. For example, trial periods at other rehabilitation or supported living services before they were discharged under community orders.

The service followed national standards for transfer.

Facilities that promote comfort, dignity, and privacy

The design, layout, and furnishings of the ward supported patients' treatment, privacy, and dignity. Each patient had their own bedroom with an en-suite bathroom and could keep their personal belongings safe. There were quiet areas for privacy. The food was of good quality and patients could make hot drinks and snacks at any time.

Patients had their own en-suite bedrooms and lockable space for personal items. The level of security on the ward and risk assessment depended on patient's abilities to personalise their bedroom space. However, we noted all viewing windowpanes were on the open position which meant others passing had full viewing access into bedrooms. There was no evidence of patient's preferences to have their observation panels on the open position. We discussed the assumption that all patients wanted the observation panes open with managers.

The service had a full range of rooms and equipment to support treatment and care. There were quiet rooms in wards, gyms, and sensory rooms. However, at the time of the inspection the sensory room in Teign was out of order due to a change in function and was not in use.

Patients could make phone calls in private. Ward phones were made available to patients on request although most had their own mobile phones.

Forensic inpatient or secure wards

The service had an outside space that patients could access easily. However, access to the garden was for only 15 minutes every hour.

Patients could make their own hot drinks and snacks and were not dependent on staff.

Overall patients were positive about the good quality food.

Patients' engagement with the wider community

Activities were not meaningful for patients not able to visit the community. Staff supported patients outside the service, such as family relationships.

Patients in Cary had access to education but input from a teacher was minimal. For example, a teacher was visiting for a couple of hours per week and not daily.

The activities in Kennet were variable and inconsistent. Cooking was the main activity but due to safety issues patients had to be supervised by staff when they were preparing snacks and refreshments in the activity daily living kitchen. The activities board on the day of our site visit was not accurate. For example, pizzas and games had not happened.

Group community visits for patients able to leave Teign were arranged weekly. However, patients not able to leave the ward had little opportunities for activities. For example, there was flower arranging twice weekly, the sensory room was not fit for purpose and not in use and a relaxation group was to be introduced.

On Wellow activities were twice weekly with the patient representative. For example, board games and cards.

Ward managers had identified that activities were an area for improvement.

Staff encouraged patients to develop and maintain relationships both in the service and the wider community.

Meeting the needs of all people who use the service.

The service met the needs of all patients – including those with a protected characteristic. Staff helped patients with communication, advocacy, and cultural and spiritual support.

The service could make some adjustments for disabled people. All wards were on one level and corridors were wide.

In Cary the visual notice board was updated daily with the staff on shift and their photos (keeping this updated was by the patient representative which was a paid job).

Picture Exchange Communication System (PECS) was used in Cary. They were Velcro images informing patients of schedules and on display around the ward in addition to easy read "grab files" for patients and easy read healthy eating chart.

Managers made sure staff and patients could get help from interpreters or signers when needed.

Multi faith rooms were accessible to patients on each ward.

Forensic inpatient or secure wards

Listening to and learning from concerns and complaints

The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with the whole team and wider service.

Patients knew how to complain or raise concerns. They were given information about independent agencies such as Patients Advice and Liaison Service (PALS) and Advocacy. There were patients that used PALS and advocacy to raise concerns.

A suggestion box for patient's anonymous feedback was available in Teign. The ward manager then reviewed the comments and gave feedback at community meetings on the actions taken to resolve issues raised. For example, gym sessions being cancelled and the use of mobile phones in clinical areas by temporary staff and activities were often cancelled.

Senior managers were responsive to a complaint made during the inspection. Managers took the allegations seriously and instigated an investigation. We were to be kept updated on the outcome of the complaint.

Is the service well-led?

Requires Improvement 

Leadership

Leaders had the skills, knowledge, and experience to perform their roles. They had a good understanding of the services they managed and were visible in the service and approachable for patients and staff.

Onsite leadership at Fromeside came from the clinical lead, service manager, operation managers, and modern matrons. Oversight of wards came from various meetings. For example, operation meetings with ward managers, operation oversight meetings with matrons and Quality and Standards Meetings. At monthly divisional meetings best practice was shared and at trust wide meetings where restraint reduction was part of the agenda.

Leaders were aware of the challenges facing their services. Staff and patients were aware of the leadership team. Few staff said there was a disconnect from the senior leaders and ward practicalities and function.

Vision and strategy

Staff knew and understood the provider's vision and values and how they (were) applied to the work of their team.

The leaders had a vision on developing services. For example, there were 4 service user strategies-corporate function, patient experience work with recruitment, trauma informed care model and autism and sensory work.

Culture

Substantive staff felt respected and the trust provided opportunities for development and career progression. However, there were issues with temporary staff.

Staff told us there were opportunities and ward managers encouraged their progression.

Forensic inpatient or secure wards

Comments from staff were mainly positive about team working and they acknowledged the changes introduced by ward managers had benefited patient outcomes. However, there were comments about the way staff issues were addressed by ward managers. Other staff commented on team issues directly linked to the overuse of agency staff and the difficulties when high levels of agency staff were used to cover vacant shifts. For example, the use of agency staff and how it impacted on patients including complications with S17 leave when making shift arrangements.

Ward managers were taking steps to ensure there was consistency of regular substantive staff during day shifts. However, there was heavy use of agency staff for 1:1 and to cover vacant shifts. We observed some staff having little engagement with patients. For example, talking to each other, standing around in the corridor when patients were not there and eating when providing 1:1.

The nurse in charge of one ward was reluctant to re-introduce one patient into the ward from seclusion because the patient would become irritated by too many staff in the corridors. There were staff who reported agency staff for not being suitable for working on the wards, yet these staff were seen working on other wards despite having raised concerns.

Despite notices on the use of mobile phones on wards we saw staff with mobile phones in the nurse's offices and patients had raised that agency staff were using mobile phones on the wards. Senior managers told us they were made aware of the issues with temporary staff not leaving their mobile phones in the hospital entrance lockers. They said there was a temptation not to place mobile phones in the lockers provided in the hospital entrance area. Lockers in the receptions areas of the ward were to be considered.

We raised bank and agency staff with senior managers and they were aware of some challenges with temporary staff. We sought feedback from the trust on how they ensured temporary staff were working within the values of the organisation. The trust provided an immediate improvements plan following the inspection of forensic services which included monitoring the competencies of the temporary staff and the provision of lockers.

Governance

Our findings from the other key questions demonstrated that governance processes operated effectively at team level and that performance and risk were managed well.

The governance framework was through meetings at team and management level. There were community meetings which patient representatives, patients, staff and ward managers attended.

There were senior management meetings where the risk register was part of the agenda, and any changes were discussed at oversight meetings. At the Quality and Standards Meetings risks were escalated and brought to trust risk team meetings to discuss changes to the risk register.

Care plans and risk assessments were audited for involvement and personalisation, multidisciplinary involvement, risk management and communication. Audits for forensic services were between 100% and 89% compliance and the shortfalls were included in the spreadsheet. Generally, the actions were to email the named nurse to action any shortfalls. We discussed the findings from the inspection with senior managers. Generally care plans were person centred except for a few care plans that lacked details and were not recovery focussed or consistent with progress notes.

Figures provided since the inspection visit showed supervision was 80% and below the 85% target. Bank staff were not having regular supervision with their line managers.

Forensic inpatient or secure wards

There were blanket restrictions for patient's access to communal areas when other patients were having access to fresh air. Patients had access to fresh air for 15 minutes every hour and when the doors to the garden were open all other doors were closed.

The temperatures of clinic rooms were often above 25 degrees and staff were not following the guidance on the actions to take when temperatures were above the recommendations. Senior leaders were aware of the clinic room temperatures. However, no action was taken.

Despite wards having quiet areas and sensory rooms we noted high levels of noise from staff keys which patients had also raised as well as allowing doors to slam. We raised these findings with senior leaders. These issues had not been identified for action.

Management of risk, issues, and performance

Teams had access to the information they needed to provide safe and effective care and used that information to good effect.

The trust kept dashboards to monitor performance data. This data was collated to determine the current performance. For example, physical health, sickness, and bank and agency staff.

Improvement plans were developed to manage current and future performance. Action plans were developed from audits and visits. However, audits had not identified clinic room temperatures, restrictive routines and quality of agency staff for action.

There was a board meeting in January 2023. The agenda covered all parts of the services offered by the trust. Recommendations were discussed and they were updated to the board.

Information management

Staff collected analysed data about outcomes and performance and engaged actively in local and national quality improvement activities.

There was oversight of audits. Leaders had access to information that told them about individual ward's performance, including incidents, safeguarding and staff vacancies.

Leaders engaged actively with other local health and social care providers. The provider shared data securely with the Care Quality Commission and other agencies in accordance with legislation.

Engagement

Managers engaged actively with other local health and social care providers to ensure that an integrated health and care system was commissioned and provided to meet the needs of the local population. Managers from the service participated actively in the work of the local transforming care partnership.

Relatives and patients had contact with ward managers and their views were sought through community or carers meetings. In Teign there was a suggestion box and senior managers were taking steps to reintroduce carers meetings.

There was partnership working with weekly operation meetings attended by staff from acute, local authority and ICB (Integrated Care Board).

Forensic inpatient or secure wards

Learning, continuous improvement and innovation

Leaders were taking steps to ensure there was continuous improvements. There was a forensic team and involvement from charities to support patients with a smooth transition into the community following discharges.

There was a strategy to build relationships with carers.

Leaders attended a range of meetings with the purpose of health outcomes across trusts and to reduce restrictive practices.