

Essex Partnership University 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)
R1LX7	Broomfield Hospital Mental Health Wards	Edward House	CM1 7LF
R1LX6	Brockfield House	Fuji ward	SS11 7FE
R1LX6	Brockfield House	Aurora ward	SS11 7FE

This report describes our judgement of the quality of care provided within this core service by Essex Partnership University 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.

Summary of findings

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

Are services safe?

Are services effective?

Are services caring?

Are services responsive?

Are services well-led?

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 found the following areas of good practice:

- Clinic rooms were visibly clean and had enough space to prepare medications and undertake physical health observations. Physical health monitoring and emergency equipment had been calibrated and was checked regularly to ensure it was in good working order.
- The wards were well maintained and clutter free. Cleaning rotas had been completed and the wards were visibly clean and tidy. Furnishings were in good condition, bright and colourful.
- Staff used restraint techniques as a last resort. Staff used restraint to protect patients from causing serious injury to themselves or others. Quiet rooms and the de-escalation rooms were used prior to patients being moved to the seclusion room. Seclusion was used correctly; we reviewed four seclusion records which were completed appropriately.
- Staff completed comprehensive risk assessments which they reviewed regularly and after incidents. Staff discussed and recorded updates of potential risks to patients in handover meetings, so all staff on duty were updated.
- Staff followed National Institute for Health and Care Excellence (NICE) guidelines when prescribing medications. These included regular reviews and physical health monitoring. Staff described applicable NICE guidelines and how they used these with patients. Psychologists used a variety of treatments including offence based therapy and an offending behaviour group.
- Staff treated patients with kindness, compassion and respect. We observed interactions between staff and patients during the inspection and saw that staff were responsive to patient's needs, discreet and respectful. Staff treated patients with dignity and remained interested when engaging patients in meaningful activities. Staff interacted with patients at a level that was appropriate to individual needs.
- Patients said food was of a good quality and there is always a vegetarian option and their dietary requirements were always met.
- Managers supervised staff regularly Compliance rates were 100% for Fuji and Aurora wards and 90% for Edward House. Managers and staff were aware of and demonstrated duty of candour to inform people who use the services of any incident affecting them.
- Staff had an awareness of the trust's whistle blowing policy and said they could raise concerns without fear of victimisation.

However, we found the following issues that the trust needs to improve:

- Staff could not observe patients when using the ensuite bathroom in the seclusion room at Edward House due to blind spots and no viewing panel.
- Staff had not stored food in ward fridges safely and in line with guidance. We found some items of food in ward fridges that had been opened. However, they did not display a label indicating when they had been opened or when they should be used by.

Summary of findings

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

Are services safe?

We found the following areas of good practice:

- Staff identified ligature points as part of the environmental risk assessment audit and actions had been completed to reduce the risk to patients. These included enhanced observation levels.
- The wards were well maintained and clutter free. Staff completed cleaning rotas and the wards were visibly clean and tidy. Furnishings were in good condition, bright and colourful. Infection control information was displayed and alcohol gel was available.
- Managers used bank and agency staff to cover sickness or absence and tried to book agency and bank staff that were familiar to the wards to ensure consistency of care. Ward managers were able to adjust staffing levels to take account of increased clinical need.
- Patients were restrained as a last resort. Restraint was to protect patients from causing serious injury to themselves or others. Quiet rooms and the de-escalation rooms were used prior to patients being moved to the seclusion room. Seclusion was used correctly; we reviewed four seclusion records which were completed appropriately.
- There was good medicine management, staff stored medicines in accordance to the manufacturers' guidelines. Prescriptions were written in line with British National Formulary guidance and recorded alerts for patient's allergies. Staff disposed of medicines appropriately.
- Staff recorded the temperature of the clinic room and refrigerator daily, to ensure the temperature did not affect the efficacy of the medication.

However, we found the following issue that the trust needs to improve:

- Staff could not observe patients when using the ensuite bathroom in the seclusion room at Edward House due to blind spots and no viewing panel.

Are services effective?

We found the following areas of good practice:

Summary of findings

- Staff followed National Institute for Health and Care Excellence (NICE) guidelines in relation to practice and when prescribing medications. These included regular reviews and physical health monitoring. Staff described applicable NICE guidelines and how they used these with patients.
- Psychologists used a variety of treatments including offence based therapy and an offending behaviour group.
- Staff supported patients to access specialists when required for physical healthcare needs and a GP visited the wards on a weekly basis.
- Information about the outcomes of people's care and treatment were routinely collected and monitored using Health of the Nation Outcome Scales (HoNOS).

Are services caring?

We found the following areas of good practice:

- Staff treated patients with kindness, compassion and respect. We observed interactions between staff and patients during the inspection and saw that staff were responsive to patient's needs, discreet and respectful. Staff treated patients with dignity and remained interested when engaging patients in meaningful activities. Staff interacted with patients at a level that was appropriate to individual needs.
- We spoke with 24 patients who told us that staff were generally kind and caring; however three said there could be more staff on duty.
- Staff provided patients with admission packs, which explained how the wards worked and what to expect.
- Independent advocacy services were available and this information was included in admission packs.
- Families and carers were involved in care where this was appropriate.
- Weekly community meetings took place, these allowed patients to raise concerns and provide feedback about the wards. The minutes of the meetings showed that actions had been taken following the meetings.
- Patients said they were involved in developing their care plan, and were encouraged to give feedback about their own progress and goals. Care and treatment plans demonstrated

Summary of findings

the involvement of patients. For example, care plans were signed by patients to show their agreement. Patients said staff took their personal, cultural and social needs into account especially when planning activities.

Are services responsive to people's needs?

We found the following areas of good practice:

- Fuji, Aurora and Edward House had a phone for patients to make calls to family and friends. The phones were located in the day room and not in a private area. Staff and patients informed us that there was access to a ward mobile phone to make calls in private.
- Patients said food was of a good quality and there is always a vegetarian option and their dietary requirements were always met. The wards had a fridge that was used to store ready meals, snacks and drinks.

However, we found the following issue that the trust needs to improve:

- Staff had not stored food in ward fridges safely and in line with guidance. We found some items of food in ward fridges that had been opened; however they did not display a label indicating when they had been opened or when they should be used by.

Are services well-led?

We found the following areas of good practice:

- The trust used a patient dependency tool to estimate the number of staff required per shift. We reviewed the duty rotas for each ward and found the staff levels met the required amount to ensure patient safety
- Managers supervised staff regularly. Compliance rates were 100% for Fuji and Aurora wards and 90% for Edward House.
- Managers ensured that staff received supervision and had yearly appraisals to support their personal development. In addition, managers monitored compliance with mandatory training. Compliance rates were 91% for Fuji ward, 96% for Aurora ward and 80% for Edward House.
- Managers reviewed incidents to ensure that they were managed and reported effectively. In addition to this they provided support to staff following serious incidents.

Summary of findings

- Managers monitored key performance indicators for this service, these included sickness and absence monitoring and training compliance.
- Managers said they had sufficient authority to complete their role and had access to a dedicated ward administrator.
- Managers reported the sickness rate for Fuji ward was ten percent, Aurora ward was two percent and Edward House was eight percent. Managers said staff that had been on long term sick were being supported back to work.
- Managers and staff were aware of and demonstrated duty of candour to inform people who use the services of any incident affecting them. Staff described how they would talk with patients when something went wrong in an open and transparent way.
- Staff had an awareness of the trust's whistle blowing policy and said they could raise concerns without fear of victimisation.
- Staff reported positive morale within the ward teams. However, they did not feel supported by senior managers within the trust.

Summary of findings

Information about the service

Brockfield House is a purpose built secure unit that incorporates five medium secure and two low secure wards. Brockfield House admits both men and women and provides assessment and therapeutic treatment for adults with mental health issues who require interventions within a safe and secure environment:

- Fuji ward is a 12 bedded medium secure ward for women.
- Aurora ward is a 12 bedded pre discharge ward for both men and women.

This service was last inspected in June 2015 as part of the comprehensive inspection of South Essex Partnership NHS Foundation Trust. Following the last inspection, we told the trust that it must take the following actions:

- The trust must review the use of seclusion and segregation within the forensic service and ensure that this meets the safeguards set out in the MHA Code of Practice.
- The trust must take action to reduce restrictive interventions particularly on Fuji ward where numbers of prone restraints was high.

Edward House is a low-secure unit with facilities to care for up to 20 male patients under the care of a forensic

consultant psychiatrist. The service provides assessment and therapeutic treatment for adults with mental health issues who required interventions within a safe and secure environment.

The ward has two wings (east and west). West wing was designated as an admission area and east wing is designated as a rehabilitation area.

This service was last inspected in August 2015 as part of the comprehensive inspection of North Essex Partnership NHS Foundation Trust. Following the last inspection, we told the trust that it must take the following actions:

- The trust must ensure that the all the doors in this service are secure.
- The trust must ensure that the sharing of learning from previous incidents across the trust is disseminated to staff in this service.
- The trust must ensure that actions arising from local audits are fully addressed.

Essex Partnership University NHS Foundation Trust was formed on 1 April 2017 following the merger of North Essex Partnership University NHS Foundation Trust and South Essex Partnership University NHS Foundation Trust.

Our inspection team

Our inspection team was led by:

Team Leader: Julie Meikle, head of hospital inspection (mental health) CQC.

Lead inspector: Victoria Green, inspection manager mental health hospitals, CQC.

The team that inspected this core service comprised one CQC inspection manager, three inspectors, one expert by experience and one specialist advisor.

Why we carried out this inspection

This was an unannounced inspection to this location. Our monitoring highlighted concerns and we decided to carry out a focused inspection to examine these. These included concerns about the maintenance of the ward environment and staff's management of patients.

Summary of findings

How we carried out this inspection

We have reported in each of the five domains, safe, effective, caring, responsive and well led. As this was a focused inspection we focused on specific key lines of enquiry in line with concerns raised with us. Therefore our report does not include all the headings and information usually found in a comprehensive inspection report. We have not given ratings for this core service, as this trust has not yet had a comprehensive inspection.

Before the inspection visit, we reviewed information that we held about the locations.

During the inspection visit, the inspection team:

- visited three wards and looked at the quality of the ward environment and observed how staff were caring for patients

- spoke with 24 patients who were using the service
- interviewed the managers for each of the wards
- spoke with 19 other staff members; including nurses, doctors and an occupational therapist
- attended and observed two handover meetings and one multidisciplinary clinical meeting
- looked at 16 care and treatment records of patients
- carried out a specific check of 20 medication charts
- looked at a range of policies, procedures and other documents relating to the running of the service

What people who use the provider's services say

We spoke with 24 patients, they told us they felt supported by staff and had good relationships with them. They felt safe on the wards and could talk to staff about their problems, however three said there could be more staff on duty to provide activities.

The patients' said that the food was of good quality and they were happy with the quantity of food provided.

Patients told us that they had provided feedback to the staff and managers about the service and they felt listened to. They told us there were weekly community meetings where they were able to raise issues and concerns.

Patients on Aurora ward were very positive about staff supporting them to secure employment when they are discharged from hospital.

Areas for improvement

Action the provider **SHOULD** take to improve

- The trust should consider installing a viewing panel into the en suite seclusion room at Edward House.
- The trust should ensure that food which is open and stored in the fridge displays a label informing of the date it was opened and when it should be used by.

Essex Partnership University NHS Foundation Trust

Forensic inpatient/secure wards

Detailed findings

Name of service (e.g. ward/unit/team)	Name of CQC registered location
Fuji ward	Brockfield House
Aurora ward	Brockfield House
Edward House	Broomfield Hospital Mental Health Wards

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

Our findings

Safe and clean environment

- Staff identified ligature points as part of the environmental risk assessment audit and actions had been identified to reduce the risk to patients. These included enhanced observation levels.
- Staff could not observe all areas of the wards due to the layout. Managers mitigated this risk by ensuring all patients had an up to date risk assessment and installing mirrors to improve staff's observation. The service had an observation policy which staff used to ensure patients were safe, which included observation of patients in line with their risk.
- Clinic rooms were visibly clean and had enough space to prepare medications and undertake physical health observations. Physical health monitoring equipment had been calibrated and was checked weekly to ensure it was in good working order. Emergency resuscitation equipment was checked daily.
- Staff could not observe patients when using the ensuite bathroom in the seclusion room at Edward House due to blind spots and no viewing panel. The seclusion room at Edward house did not have a viewing panel into the ensuite, meaning staff had to enter the seclusion room to observe the patient.
- The wards were well maintained and clutter free. Cleaning rotas had been completed and the wards were visibly clean and tidy. Furnishings were in good condition, bright and colourful.
- Staff adhered to infection control procedures, information was displayed and alcohol gel was available.
- Staff carried personal alarms they could use to summon help and checked them on a daily basis.

Safe staffing

- The trust used a patient dependency tool to estimate the number of staff required per shift. We reviewed the duty rotas for each ward and found the staff levels met the required amount.

- The established level of qualified nurses for the three wards was 36 whole time equivalents (wte). At the time of our inspection, there were 11 vacancies. The established level of nursing assistants for the three wards was 43. At the time of our inspection, there were seven vacancies.
- Managers used bank and agency staff to cover sickness or absence and tried to book agency and bank staff that were familiar to the wards to ensure consistency of care.
- Managers reported the sickness rate for Fuji ward was ten percent, Aurora ward was two percent and Edward house was eight percent. Managers said staff that had been on long term sick were being supported back to work.
- Ward managers were able to adjust staffing levels to take account of increased clinical need.
- The staffing rotas showed there was the appropriate number of qualified nursing staff on each shift. Staff said they had enough time to carry out their duties and to undertake one to one time with patients. There was sufficient staff to undertake physical interventions.
- Patients told us staff rarely cancelled or rearranged leave and activities due to staff shortages. This was confirmed in the patient records.
- Ward doctors provided medical cover during the day. At night the trust had on call doctors who could attend the wards quickly in case of emergency.
- Data for mandatory training for staff showed 91% compliance for Fuji ward, 96% for Aurora ward and 80% for Edward House, the trust target for training was 90%. Managers recorded when staff had completed mandatory training.

Assessing and managing risk to patients and staff

- Staff restrained patients as a last resort. Restraint was used to protect patients from causing serious injury to themselves or others. Quiet rooms and the de-escalation rooms were used prior to patients being moved to the seclusion room. Seclusion was used appropriately; we reviewed four seclusion records which were completed appropriately.
- We reviewed 13 care records. Each patient had an individualised risk assessment completed on admission.

Are services safe?

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

Staff reviewed risk assessments regularly and after incidents. Staff discussed and recorded updates of potential risks to patients in handover meetings, so all staff on duty were updated.

- Staff described how they would identify and make a safeguarding referral.
- Patient observations were recorded on the trust enhanced observation charts in line with the level required to maintain patient safety.
- There were no blanket restrictions for this service
- There was good medicine management, staff stored medicines in accordance to the manufacturers' guidelines. Prescriptions were written in line with British National Formulary guidance and recorded alerts for patient's allergies. Medicines were disposed of appropriately.
- Staff recorded the temperature of the clinic room and refrigerator daily, to ensure the temperature did not affect the efficacy of the medication.

Track record on safety

- The trust reported serious incidents on the electronic incident system. Each incident was reviewed and investigated by the management team.

Reporting incidents and learning from when things go wrong

- Staff knew how to report incidents on the trusts electronic reporting system. Managers reviewed any reported incidents. Any actions were shared with staff at the monthly ward meeting to reduce risk of repeated incidents.
- Staff were open and honest to the patients after incidents had taken place and would explain and offer apologies if something had gone wrong. Staff were aware of, and demonstrated the duty of candour placed on them to inform people who use the services of any incident affecting them.
- Staff discussed incidents and learning points in team meetings and debriefs. We saw minutes of these meetings where staff had discussed changes that needed to be made to the ward to prevent repeated incidents. In addition to this, Staff supervision records showed discussions and learning from incidents had occurred.
- Managers held a debrief meeting with staff and patients after incidents. Psychology staff offered formal debriefs and staff were able to access support from the trust occupational health team.

Are services effective?

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

Our findings

Assessment of needs and planning of care

- Staff completed comprehensive assessments for patients, which they completed in a timely manner in collaboration with the patient and their families where appropriate. We looked at 13 care plans, they were reviewed with the patient, up to date, personalised, holistic, recovery orientated and included physical health checks.

Best practice in treatment and care

- Staff followed National Institute for Health and Care Excellence (NICE) guidelines in relation to practice and

when prescribing medications. These included regular reviews and physical health monitoring. Staff described applicable NICE guidelines and how they used these with patients.

- The wards used a variety of psychological therapies including offence based therapy and an offending behaviour groups.
- Patients were supported to access specialists when required for physical healthcare needs and a GP visited the wards on a weekly basis.
- Information about the outcomes of people's care and treatment were routinely collected and monitored using Health of the Nation Outcome Scales (HoNOS).

Skilled staff to deliver care

- Records showed 100% of staff on Fuji and Aurora wards and 90% of staff at Edward House received regular supervision.

Are services caring?

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

Our findings

Kindness, dignity, respect and support

- Staff treated patients with kindness, compassion and respect. We observed interactions between staff and patients during the inspection and saw that staff were responsive to patient's needs, discreet and respectful. Staff treated patients with dignity and remained interested when engaging patients in meaningful activities. Staff interacted with patients at a level that was appropriate to individual needs.
- We spoke with 24 patients who told us that staff were generally kind and caring. However, three said there could be more staff on duty to provide activities.

The involvement of people in the care that they receive

- Staff gave admission packs to each patient on admission, which explained how the wards worked and what to expect.

- Independent advocacy services were available and this information was included in admission packs.
- Families and carers were involved in care where this was appropriate.
- Weekly community meetings took place, these allowed patients to raise concerns and provide feedback about the wards. The minutes of the meetings showed that actions had been taken following the meetings.
- Patients were involved in developing their care plan; they said they were encouraged to give feedback about their own progress and goals. Care and treatment plans demonstrated the involvement of patients. For example, care plans were signed by patients to show their agreement. Patients said staff took their personal, cultural and social needs into account especially when planning activities.

Are services responsive to people's needs?

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

Our findings

The facilities promote recovery, comfort, dignity and confidentiality

- Fuji, Aurora and Edward House had a phone for patients to make calls to family and friends. The phones were located in the day room and not in a private area. Staff and patients informed us that there was access to a ward mobile phone to make calls in private.
- The service provided choice to patients in relation to their dietary preferences. Patients said food was of a good quality, there is always a vegetarian option and their dietary requirements were always met. The wards had a fridge that was used to store ready meals, snacks and drinks. We found some items of food that had been opened; however they did not display a label indicating when they had been opened or when they should be used by.

Are services well-led?

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

Our findings

Good governance

- The trust used a patient dependency tool to estimate the number of staff required per shift. We reviewed the duty rotas for each ward and found the staff levels met the required amount.
- Managers reported that supervision was consistently taking place or recorded. Compliance rates were 100% for Fuji and Aurora wards and 90% for Edward House.
- Manager's ensured staff received supervision and had yearly appraisals to support their personal development. In addition, managers monitored compliance with mandatory training. Compliance rates were 91% for Fuji ward, 96% for Aurora ward and 80% for Edward House.
- Managers reported that supervision was consistently taking place or recorded. Compliance rates were 100% for Fuji and Aurora wards and 90% for Edward House.
- Managers ensured that staff had received an annual appraisal.
- Incidents were managed and reported effectively. Managers supported staff following serious incidents in one to one supervision and de- brief sessions.

- Managers reviewed key performance indicators for this service, these included sickness and absence monitoring and training compliance.
- Managers had sufficient authority to complete their role and had access to a dedicated ward administrator.

Leadership, morale and staff engagement

- Managers reported the sickness rate for Fuji ward was ten percent, Aurora ward was two percent and Edward House was eight percent. Managers said staff that had been on long term sick were being supported back to work.
- Managers and staff were aware of, and demonstrated the duty of candour placed on them to inform people who use the services of any incident affecting them. Staff described how they would talk with patients when something went wrong in an open and transparent way.
- Staff had an awareness of the trust's whistle blowing policy and said they could raise concerns without fear of victimisation.
- Staff reported positive morale within the ward teams. However, senior managers had not visited the wards.