Sanctuary Care Limited

Butterworth Centre

Inspection report

36 Circus Road
London
NW8 9SE
Tel: 02070551666
www.sanctuary-care.co.uk/care-homes-london/butterworth-centre

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location	Inspected but not rated
Are services safe?	Inspected but not rated
Are services effective?	Inspected but not rated
Are services caring?	Inspected but not rated
Are services responsive to people's needs?	Inspected but not rated
Are services well-led?	Inspected but not rated

Summary of findings

Overall summary

We had previously rated this service as good with requires improvement for the safe domain. This was a focused inspection where we looked at the safe and well led domains. We did not re-rate the service as a result of our inspection.

- The ward environments were safe and clean.
- The service had enough nursing and medical staff, who knew the patients and received basic training to keep people safe from avoidable harm.
- Staff assessed and managed risks to patients and themselves well. Levels of restrictive interventions were low. Staff followed good practise with respect to safeguarding
- Staff had easy access to clinical information and it was easy for them to maintain high quality clinical records.
- The service used systems and processes to safely prescribe, administer, record and store medicines. Since our last inspection, improvements had been made in how covert medicines were managed.
- The service managed patient safety incidents well. Staff knew when to report incidents and reported them appropriately.
- The service was well led and the governance processes ensured that ward procedures ran smoothly.
- 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 clients and staff.
- Staff felt respected, supported and valued. They could raise any concerns without fear. Staff reported that since our last inspection the culture within the team had improved.
- We observed staff treating patients with compassion and kindness and respecting their privacy and dignity.

However,

- Staff did not always follow the providers infection control policy to protect patients from the risk of COVID-19 infection.
- Staff used safe holds, usually involving holding a patient's hand or arm, whilst providing personal care, which constituted a form of restraint. These safe holds were not always appropriately detailed in patients care and treatment records, in line with the providers policy and procedure.
- Signage on the wards was not always appropriate for people with dementia.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Community-based mental health services for older people	Good 	See overall summary above.

Summary of findings

Contents

Summary of this inspection

Background to Butterworth Centre

The Butterworth Centre is an independent mental health hospital operated by Sanctuary Care for up to 42 patients. The service offers inpatient care and treatment to older people with mental health needs, many of whom also require support for their physical health needs or end of life care. Most patients have additional physical frailties and some degree of dementia. Care and treatment included personal care. All beds at the hospital are commissioned by the North-West London Integrated Care Board. On the day of the inspection, there were 25 patients at the hospital. Seven patients were detained under section 3 of the Mental Health Act 1983. Other patients were subject to Deprivation of Liberty Safeguards. There are three separate wards providing single-sex accommodation to men and women. Each ward can accommodate up to 14 patients. There is a registered manager in place at the service.

The centre sits within the grounds of St Johns and Elizabeth Hospital. St John and St Elizabeth own the building and are responsible for building maintenance. The Butterworth Centre has developed strong links with the acute hospital and shares training and expertise where appropriate.

We last inspected this service in February and July 2020. We rated the service as good overall but found the provider had failed to ensure that staff were following policies and procedures when managing medications, including the administration and reporting of covert medication. Staff were not always wearing the correct personal protective equipment. These were breaches of Regulation 12 of the Health and Social Care Act 2008. We also found that relationships within the nursing team did not always support a positive work culture, but this had not directly impacted patient care or treatment.

The service will be transferring back to the National Health Service in April 2023.

What people who use the service say

We spoke with 3 patients and 3 carers during our inspection. The patients and relatives were very positive about the staff, they said staff treated them with dignity and respect. All patients told us that they felt safe in the service. Patients told us that that there were good interactions with staff and that they were well-looked after. Relatives told us that staff kept them informed about developments to patient's care and felt they were able to approach staff for advice easily. Patients and relatives were aware of how to provide feedback should they need to. The service provided a carers' support group that operated every 2 months. This provided them the opportunity to provide feedback about the service and meet other carers for peer support. The service held a feedback survey last year and an open call meeting. They planned to send out a survey in 2023.

How we carried out this inspection

How we carried out the inspection

Our inspection team was made up of two inspectors, one specialist advisor and one expert by experience visited the site on 17th January 2023. As this was a focused inspection, we only looked at specific areas and did re-rate the key questions.

During the inspection visit, the inspection team

Summary of this inspection

- visited three wards and observed the quality of the environment and how staff were caring for patients
- spoke with the registered hospital manager and the head of clinical improvement
- spoke with 5 staff members; including nurses and health care assistants
- spoke with 3 patients and 4 carers
- attended and observed a staff hand-over meeting
- looked at 5 patient records
- looked at 5 records relating to medication across all wards
- looked at a range of policies, procedures and other documents relating to our concerns.

This was a short notice announced inspection.

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.

Outstanding practice

N/A

Areas for improvement

Action the service MUST take to improve:

Action the service SHOULD take to improve:

- The service should ensure that signage is dementia friendly, in line with the needs of the patient group.
- The service should ensure that staff follow the provider's policy and procedure and detail any holds staff may need to use to restrain patients whilst delivering their personal care in their care plans and risk assessments.

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community-based mental health services for older people	Requires Improvement	Not inspected	Not inspected	Not inspected	Inspected but not rated	Good
Overall	Inspected but not rated	Inspected but not rated	Inspected but not rated	Inspected but not rated	Inspected but not rated	Inspected but not rated

Good

Community-based mental health services for older people

Safe	Requires Improvement
Well-led	Inspected but not rated

Is the service safe?

Requires Improvement

Safe and clean care environments

Overall, wards were safe, clean, well equipped, well furnished and well maintained. Signage was not always appropriate for people with dementia.

Safety of the ward layout

Staff completed and regularly updated thorough risk assessments of all ward areas and removed or reduced any risks they identified. Staff completed routine checks of the wards each day. Staff reported any concerns to the maintenance department. A record of matters reported to the maintenance department was kept in the nurses' office. The regional maintenance manager completed a more comprehensive audit of the ward environment twice a year. The most recent audit was in October 2022. The audit covered checks of the reception area, the kitchens, bathrooms, electrical sockets and equipment, flooring, COSHE compliance and maintenance records. The compliance score for this audit was 100%. The fire safety audit was included in an overall audit of health and safety. This audit was completed by health and safety managers within Sanctuary Care.

Staff could observe patients in all parts of the wards due to there being high levels of staff. However, visibility on the ground floor ward was difficult. The service mitigated any risks this presented by having a high number of staff on the ward and assigned staff to carry out one-to-one observations of patients who presented a high risk.

The ward complied with guidance and there was no mixed sex accommodation. The ground floor and second floor wards were for female patients only. The ward on the first floor was for male patients. Male and female bedrooms had ensuite bathrooms.

Staff knew about any potential ligature anchor points and mitigated the risks to keep patients safe. The service completed a ligature risk audit once a year. The most recent audit was carried out in July 2022. Whilst the audit identified ligature points throughout the hospital, the risks relating to these potential ligature anchor points was considered low. Potential risks were mitigated by the use of increased patient observations. Patients were assessed prior to admission to the ward. If a patient did present high levels of suicidal ideation or significant risk of self-harm by ligature they would not be admitted to the hospital.

Patients had easy access to nurse call systems. Staff did not carry alarms. Staff said that it was not necessary for them to carry alarms as there was always plenty of staff on the ward. Call buttons had been installed in patients' bedrooms, next to patients' beds. There were no call buttons in the ensuite shower rooms. This risk was mitigated as patients required staff support with personal care. Staff had access to portable alarm systems should they require it.

Maintenance, cleanliness and infection control

Wards on the first and second floors were spacious, bright, well designed and had good quality furniture. There was plenty of space for patients to be alone or have one to one time with staff. However, on the ground floor there was a large reception area for the hospital in the middle of the ward, effectively dividing the ward in two. This meant that staff, patients and visitors were passing through the ward. During the inspection, all patients were carrying out different activities in 1 small area of the ward, meaning that although the ward was quite large, it felt quite cramped. The ward appeared dark with poor visibility. Across the hospital, the signage was not always appropriate for people with dementia. There were some signs, such as those for the dining room and the games room, that included a picture to indicate which room it was. However, these signs were quite small. Information on notice boards was presented in small text that patients were unlikely to be able to read.

Staff made sure the premises were clean and that cleaning records were up-to-date. Domestic staff were observed cleaning the wards throughout the inspection. They completed a daily record showing the area of the ward that had been clean.

Staff followed infection control policy, including handwashing. The service completed a comprehensive audit of infection prevention and control every three months. The most recent audit was carried out in December 2022. The overall score for the audit was 95%. The infection audit covered the ward environment, bedrooms, training for staff, a review of infections that had happened during the last month, laundry equipment, flooring and hand hygiene. Ninety-five percent of staff had completed training infection prevention and control. The audit included an action plan. This included, for example action to replace some floor tiles and shower heads. The service had designated areas for donning and doffing personal protective equipment (PPE) that would be used in the event of further COVID19 outbreaks. The service had installed dispensers for disinfecting hand gel at the entrance to each ward and in communal areas of the ward. Notices with guidance on hand washing were displayed in toilets and in the clinic rooms.

Clinic room and equipment

Clinic rooms were fully equipped, with accessible resuscitation equipment and emergency drugs that staff checked regularly. Staff had access to emergency equipment. If medicines were required out of hours, staff could access these medicines via the GP and Ashtons pharmacy.

Staff checked, maintained, and cleaned equipment. The suction machine was well maintained, checked every week and was last PAT tested in April 2022.

Safe staffing

The service had enough nursing and medical staff, who knew the patients and received basic training to keep people safe from avoidable harm.

Nursing staff

The service had enough nursing and support staff to keep patients safe. All wards provided care and treatment for between 4 and 11 patients. There was 1 registered nurse and 4 healthcare assistants assigned to each ward for each shift. On the first floor an additional registered nurse was assigned to the ward for two shifts each week as the ward did not have a ward manager. Additional staff were assigned to the wards to carry out one-to-one observations.

Good

Community-based mental health services for older people

The service had low vacancy rates. There was one vacancy for a registered nurse. The service had no vacancies for healthcare assistants. The service was recruiting for one registered nurse.

The service had low rates of bank and agency nurses. The service regularly used the same 5 bank registered nurses. The service had low rates of bank and agency nursing assistants. The service had 40 permanent healthcare assistants and 8 bank healthcare assistants. The service did not use any agency staff on any of its wards.

Managers requested bank staff familiar with the service. The registered manager of the service said they used the same bank staff who worked regularly on the same wards to ensure they were familiar with the patients.

Managers made sure all bank staff had a full induction and understood the service before starting their shift. This checklist included completion of mandatory training, assessment of competency for patient observations, the procedure for manual handling, the use systems, and medication.

Managers supported staff who needed time off for ill health. At the time of the inspection the service did not have any staff off for sickness. However, when they had staff off due to sickness, they would complete check-ins with staff.

Levels of sickness were low. The service had a sickness rate of 5%.

Managers accurately calculated and reviewed the number and grade of nurses, nursing assistants and healthcare assistants for each shift. The service contractual requirement was that there was a minimum of 1 registered nurse and 4 registered nurses on shift at all times.

The ward manager could adjust staffing levels according to the needs of the patients. The registered manager could increase the number of staff on wards if there were patients assigned to enhanced observations or if there was a high level of acuity.

Patients had regular one- to-one sessions with their named nurse. Every patient had a named nurse and would meet with their named nurse whilst on shift. Throughout the inspection, we saw that nurses were spending time with patients individually.

Patients rarely had their escorted leave or activities cancelled. Ward staff met each morning to allocate staff to specific activities throughout the day. The service had a weekly activity schedule including musical bingo, bingo, singalong, cinema, painting and baking. These activities were available for patients both in the morning and evening. There was enough staff on duty to facilitate activities. Nurses and healthcare assistants said there were always enough staff on the ward to enable staff to provide personal care, to offer patients drinks and spend time with patients.

The service had enough staff on each shift to carry out any physical interventions safely. There was always at least 4 staff on duty that enabled staff to carry out physical interventions.

Staff shared key information to keep patients safe when handing over their care to others. Staff held a handover meeting at the start of each shift.

Medical staff

The service had enough daytime and night time medical cover and a doctor available to go to the ward quickly in an emergency. Two consultants worked at the hospital for one day each week. Each patient was formally reviewed by their

consultant once a month. A general practitioner (GP) visited the hospital twice every week. A duty doctor was available to go to the ward quickly in an emergency. A consultant psychiatrist attended the wards once a week. Staff could contact a duty doctor based nearby the service. Staff said that duty doctors could normally attend within half an hour if necessary. Staff said they would call an ambulance if the patient needed urgent medical attention.

Managers could call locums when they needed additional medical cover. The registered manager reported that if the needed additional cover they could call the consultant psychiatrist whom worked nearby.

Managers made sure all locum staff had a full induction and understood the service before starting their shift. All locum doctors worked under the supervision of the medical director.

Mandatory training

Staff had completed and kept up to date with their mandatory training. The service set a target of 95% compliance with mandatory training. The service had a compliance rate of 94%. Staff who had not completed training were booked onto courses by the leadership team.

The mandatory training programme was comprehensive and met the needs of patients and staff. Mandatory training courses included moving and assisting people, infection control, safeguarding, dementia awareness training, duty of candour, medicine handling and management, falls prevention awareness, mental capacity act and deprivation of liberty safeguards.

Managers monitored mandatory training and alerted staff when they needed to update their training. Staff completion of mandatory training was recorded. Managers received up to date information about the level of compliance for their staff.

Assessing and managing risk to patients and staff

Staff assessed and managed risks to patients and themselves well and followed best practice in anticipating, de-escalating and managing challenging behaviour.

Assessment of patient risk

Staff completed risk assessments for each patient on admission using a recognised tool, and reviewed this regularly, including after any incident. Patient risk assessments were regularly updated. Risks typically involved falls, a decline in physical health and non-compliance with treatment.

Staff used a recognised risk assessment tool. Risk assessments were recorded on paper and added to the paper record. Staff completed a five-step risk assessment process for each patient. This included a risk assessment of the likelihood of developing pressure ulcers using the Waterlow scale, use of Malnutrition Universal Screening Tool and an assessment of sleeping patterns.

Management of patient risk

Staff knew about any risks to each patient and acted to prevent or reduce risks. A member of staff from each ward attended a daily handover meeting with the hospital director and other senior staff. Staff discussed any changes in each patient's presentation, the management of any physical health conditions and any incidents. For example, staff

provided an update on the treatment plans for patients following a visit from the general practitioner (GP). The hospital provided training for staff on management of the risk of and managing patients' nutrition and hydration. Staff completed a regular physical health check on each patient. Staff completed regular reviews of a patient who suffered from falls and a patient on insulin. These reviews were completed by the multi-disciplinary team.

Staff identified and responded to any changes in risks to, or posed by, patients. Staff acted to reduce risks by placing patients presenting specific risks on enhanced, one-to-one observations. Staff referred patients to specialists such as physiotherapists and occupational therapists. Staff also completed frequent checks set out in each patient's treatment plan including blood tests, urine tests, blood pressure checks and tests of blood sugar levels for those on insulin and would make changes in dosage if required.

Staff followed procedures to minimise risks where they could not easily observe patients. The wards were well staffed. When patients presented risks, they were placed on enhanced observations.

Use of restrictive interventions

Levels of restrictive interventions were low. The service policy was to use the least amount of restrictive practice. Staff used safe holds, usually involving holding a patient's hand or arm, whilst providing personal care .

Staff participated in the provider's restrictive interventions reduction programme, which met best practice standards. The service policy was the least restrictive intervention should be used by staff. They would use descalation techniques and when necessary safe holds. Staff used crisis prevention interventions which gave staff the skills to reduce risks and mitigate complex behaviour through the use of diversion skills.

The service used holds on patients when supporting with personal care and covert medication. In the last 3 months staff had undertaken a total of 50 holds on patients during personal care. Staff used safe holds, usually involving holding a patient's hand or arm, whilst providing personal care. The providers policy outlines that where safe holds were used during personal care, these should be detailed in a physical restraint care plan. We looked at 3 patient records, all of which identified the patients as requiring safe holds during personal care. None of these 3 records had a sufficiently detailed physical restraint care plan, detailing which holds should be used in which circumstances.

Since the last inspection the service had implemented policy and procedure for administering covert medication. Only those qualified to administer covert medication were doing so. The service completed capacity assessments and best interest meetings were also used when covert medicines were being considered for patients.

Staff made every attempt to avoid using restraint by using de-escalation techniques. For example, we saw that when a patient became agitated, staff encouraged them to move to a quiet area of the ward. Staff then spent time with the patient to understand what was wrong.

Staff understood the Mental Capacity Act definition of restraint and worked within it.

The service did not use rapid tranquilisation in the previous 12 months.

Safeguarding

Good

Community-based mental health services for older people

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.

Staff received training on how to recognise and report abuse, appropriate for their role. The service had a policy on safeguarding. Staff completed safeguarding alerts for incidents such as observed falls that did not lead to any injuries. Safeguarding alerts were recorded in the electronic incident record. Safeguarding referrals to the local authority were made for more serious matters such as unobserved falls or incidents that led to patients sustaining injuries.

Staff kept up to date with their safeguarding training. The completion rate for safeguarding was 92%. Staff said they had completed both face-to-face and online training in safeguarding.

Staff could give clear examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act.

Staff knew how to recognise adults and children at risk of or suffering harm and worked with other agencies to protect them. The service would liaise with the local authority. In the 6 months from July to December 2022, the service had made 2 safeguarding referrals to the local authority. One incident concerned a patient sustaining a cut to their head as the result of an unobserved fall. The other incident involved a patient falling whilst staff were carrying out personal care.

Staff followed clear procedures to keep children visiting the ward safe. Children rarely visited the hospital. When they did, the visit was arranged with the ward manager.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. Staff completed safeguarding referrals on a standard form that included details of the background and context to the concern. A registered nurse had been appointed as the safeguarding lead for the hospital.

Managers knew to take part in serious case reviews should they need to.

Staff access to essential information

Staff had easy access to clinical information and it was easy for them to maintain high quality clinical records, both paper-based and electronic.

Patient notes were comprehensive, and staff could access them easily. All staff had access to patients' notes including care plans. A nurse or healthcare assistant wrote a daily report in each patients' record.

The service used a combination of electronic and paper records, staff made sure they were up-to-date and complete. Staff would complete recording at the end of each shift.

When patients transferred to a new team, there were no delays in staff accessing their records. Staff would complete a meeting at the service with the new team and records were then provided to the new team.

Records were stored securely. Records were stored in locked filing cabinets in the nurses' offices on each ward.

Medicines management

Good

Community-based mental health services for older people

The service used systems and processes to safely prescribe, administer, record and store medicines. Staff regularly reviewed the effects of medications on each patient's mental and physical health.

Staff followed systems and processes to prescribe and administer medicines safely. Staff used an electronic system to prescribe and record the administration of medicines. Medicines were dispensed from Ashtons Pharmacy. Pharmacists could access the electronic system remotely and provide clinical input and advice. Medicines were stored appropriately so that they would remain safe and effective for use. The service did not have an on-call pharmacist. However, the service would use the 111 service for out of hours support. Staff had access to medicines disposal facilities. Staff completed weekly stock checks of medicines.

Staff reviewed each patient's medicines regularly and provided advice to patients and carers about their medicines. We saw that general practitioners (GP's) came into the service twice a week and reviewed medication. A pharmacist attended the service once a week to complete a general audit of medication. A psychiatrist attended the service twice a month to review the first and ground floor medication. Staff could access advice from a clinical pharmacist.

Staff completed medicines records accurately and kept them up to date. Staff completed medication records; they were electronically kept up to date.

Staff stored and managed all medicines and prescribing documents safely. Information relating to medicines was maintained electronic system and accessible, with a password, by qualified staff. Any paperwork relating to medicines and equipment checks were stored electronically in the clinic room.

Staff followed national practice to check patients had the correct medicines when they were admitted, or they moved between services. When patients were admitted to the service, they would have a medical review by the consultant and GP.

Staff learned from safety alerts and incidents to improve practice. We saw evidence that staff were aware of alerts that came up. Alerts were in a folder in the clinical room where staff could read, and this was discussed in meetings and clinical supervision.

The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff reviewed the effects of each patient's medicines on their physical health according to NICE guidance. We saw evidence that medication and its effects were regularly reviewed. Entries were made by the GP and psychiatrist and diabetic nurse when a patient on insulin was reviewed regularly due to changes in condition. We also saw regular blood tests and physical health checks being completed according to patient's needs.

Track record on safety

The service had a good track record on safety.

Reporting incidents and learning from when things go wrong

The service managed patient safety incidents well. Staff knew when to report incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.

Good

Community-based mental health services for older people

Staff knew what incidents to report and how to report them. Staff knew when to report an incident. Staff would complete an incident form on the services electronic radar system. Staff would use this system to report accidents with or without injury, including those with patients, visitors or damage to Sanctuary property.

Staff raised concerns and reported incidents in line with the provider policy.

The service did not have any never events.

Staff understood the duty of candour and gave patients and families a full explanation if and when things went wrong. Staff members knew what duty of candour was and could provide example of when they would have to do this.

Managers investigated incidents, gave feedback to staff and shared feedback from incidents outside the service. Managers completed incident investigations on their electronic system radar. Managers would hold discussion with staff members and share the feedback on the radar system.

There was evidence that changes had been made as a result of feedback.

Staff met to discuss the feedback and look at improvements to patient care. Staff would complete this during daily handover meetings, the morning meeting, ward meetings, ward rounds, multidisciplinary reviews and at CPA reviews.

Managers would debrief and support staff after serious incidents. The service had not had any serious incidents. However, staff would debrief staff through the radar system.

Is the service well-led?

Inspected but not rated

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 clients and staff.

Leaders had the necessary skills, knowledge and experience to perform their roles. Leaders had been in the role for over 5 years and had a good understanding of the service. Leaders could explain how the team was working to provide good quality care.

The staff team spoke positively of their managers. They said they were visible, always available to talk to and that managers listened. Staff also stated that managers were available on the floor and supportive. Staff reported that managers were more accessible via email and that they would respond promptly.

Vision and strategy

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

Staff were committed to providing good quality care. The hospital had been run by Sanctuary Care since 2016. In January 2023, Sanctuary Care announced that the management of the hospital would be returning to a local NHS Trust from 1 April 2023. The provider had recognised that their portfolio did not match with providing hospital services. Staff

would be transferred to the new provider under Transfer of Undertakings (Protection of Employment) arrangements. Managers said that the service would continue to be run in a similar way after the transfer. The staff spoken to stated that they did not have any concerns relating to the service returning to the NHS. They reported that they had worked in the service whilst it was previously under the NHS Trust.

Culture

Staff felt respected, supported and valued. They said the service promoted equality and diversity in daily work and provided opportunities for development and career progression. They could raise any concerns without fear.

Staff said they enjoyed working within their teams and found their colleagues to be supportive. Staff said they felt listened to by senior managers. They said the culture of organisation had improved by there being more openness in communication from managers. They said the staff teams had become more diverse and there was no longer conflict between staff. Staff said there was fair access to training and development for all nurses and healthcare assistants. Staff said they would feel confident in speaking with their manager if they had any concerns about the way care and treatment was being delivered. They were aware of the whistleblowing team within Sanctuary Care.

Staff received annual appraisals and managers dealt with poor staff performance. Staff were able to access occupational health support if they needed it.

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.

There were systems and procedures to ensure that wards were safe and clean, that there were enough staff, that staff were trained and supervised, that patients were assessed and treated well, that incidents were reported, investigated and learnt from. There was a clear framework of what must be discussed at ward, management and governance meetings to ensure that essential information, such as learning from incidents and complaints was shared and discussed.

The service held clinical governance meetings every two months. Meetings were attended by the hospital manager, medical director, director of nursing and quality, ward managers, the pharmacist and the head of clinical improvement. During these meetings, managers reviewed information relating to Mental Health Act administration, incidents and accidents, debriefing sessions and lessons learned, safeguarding, ligature risk assessments, the risk register, staffing, training updates and feedback from the senior management team. Information from governance meetings were shared on the services IT system.

The service held regular team meetings that had a set agenda. They would discuss issues surrounding the service including environmental issues, organisational issues, training, and any other business.

Staff undertook and participated in local audits, which provided quality assurance. Staff acted on the results of audits when needed.

Staff understood the arrangements for working with other teams, to meet the needs of patients.

Good

Community-based mental health services for older people

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 service had a risk register. The service had identified that the service had a lack of dementia sensitive features, a lack of external space, physical aggression from patient group and COVID-19 related matters surrounding lack of PPE. The items on the risk register did match with what managers had stated. Staff told us they could raise concerns and that these matched those on the risk register.

The service had plans for emergencies, for example, adverse weather or a flu outbreak.

Information management

The service used systems to collect data that were not over-burdensome for frontline staff. Staff had access to the equipment and information technology needed to do their work. Staff reported that they had the tools to do their roles. Staff stated that the electronic tools they were using work efficiently. The service had paper patient records, staff reported that they had enough time to update these at the end of each shift. Patient records were kept in a locked cabinet to ensure confidentiality of patient records.

Team managers had access to information to support them with their management role. This included information on the performance of the service, staffing and patient care. Information was in an accessible format, and was timely, accurate and identified areas for improvement.

Staff made notifications to external bodies as needed.

Engagement

Managers engaged actively 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.

Staff, patients and carers had access to up-to-date information about the work of the provider and the services they used – for example, through the intranet and team meetings.

Patients and carers had opportunities to give feedback on the service they received in a manner that reflected their individual needs. The service had conducted a feedback survey in 2022 and held an open meeting for feedback. Managers and staff had access to this feedback and were able to use it to make improvement.

Patients and carers had been involved in decision making about the service, they had been consulted about the transfer of the hospital to an NHS trust.

The service was working with community nutritionists' to reduce patients use of food supplements and to improve nutritional health for all patients. The service was also engaging with the community dental team to improve dental hygiene for patients. This included group and individual training sessions.

Learning, continuous and innovation

The provider had established that this service did not fit in with their portfolio. As a result, they had not renewed their contact for the Butterworth centre.

Good

Community-based mental health services for older people

The provider did not report to be involved in any national programmes. The service had appointed a Head of Clinical improvement the focus was to improve the culture within the service. Staff reported that this has been done due to managers being more open and the team becoming more diverse. Staff also reported that managers had supported them with obtaining relevant training for their roles.

At the time of our inspection, the service was not participating in any national programmes or local quality improvement initiatives.