

# Dorset Healthcare University NHS Foundation Trust

## Inspection report

Sentinel House, 4-6 Nuffield Road  
Nuffield Industrial Estate  
Poole  
Dorset  
BH17 0RB  
Tel: 01202303400  
www.dorsethealthcare.nhs.uk

Date of inspection visit: 30 April 2019 to 4 June 2019  
Date of publication: 31/07/2019

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.

This report is a summary of our inspection findings. You can find more detailed information about the service and what we found during our inspection in the related Evidence appendix.

## Ratings

### Overall rating for this trust

Outstanding 

Are services safe?	Good 
Are services effective?	Good 
Are services caring?	Outstanding 
Are services responsive?	Good 
Are services well-led?	Outstanding 

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.

# Summary of findings

## Background to the trust

Dorset HealthCare University NHS Foundation Trust is responsible for community and mental health services across Bournemouth, Poole and Dorset. The Trust also provides Steps to Wellbeing services in Southampton. The Trust serves a population in excess of 787,000 people, employing some 5,793 substantive staff with an income of £266,093,825.

Dorset Healthcare University NHS Foundation Trust provides a wide range of mental health and physical health services in both hospital and community settings to people of all ages, including integrated community health and mental health, specialist learning disability services, community brain injury services and community hospitals. Most of the trust's services are provided in the local communities, in people's homes, community hospitals or in local centres.

It became a Foundation Trust in April 2007.

In 2010, the trust gained university status having already established a collaborative university department of mental health with Bournemouth University. The trust also has active relationships with Southampton University and St. Loyes School of Occupational Therapy in Exeter.

In 2012, following the introduction of clinical commissioning groups; the trust took over services previously provided by Dorset Primary Care Trust and Bournemouth and Poole Primary Care Trust, which included community health services and community hospitals.

There have been several changes in senior leadership at the trust. The current chief executive officer came into post in the early part of 2019. The trust board had also been strengthened, with the appointment of several new non-executive directors who have brought additional skills and experience from a diverse range of backgrounds.

At our comprehensive inspection in June 2015, we rated the trust as requires improvement. A number of the core services were not meeting the fundamental standards including community mental health services for adults of working age, wards for older people with mental health problems, and community health services for children, young people and families. We also had concerns about urgent care services delivered from the trust's minor injuries units.

During our next inspection in March 2016 we looked at whether the trust had made improvements to these services and found that the trust was on a clear journey of improvement. Although improvement was found we rated the trust requires improvement overall.

This improvement journey continued and following our comprehensive inspection in 2017 we again rated the trust as good. The trust senior leadership team had led an effective programme of improvement which had resulted in the majority of issues we had identified in our previous inspections being addressed. However, the safe key question remained as requires improvement.

In May 2019 we undertook a focused inspection of Pebble Lodge (CAMHS inpatient) following incidents related to the safe key question. One sadly included a fatality using a fixed ligature point. We were assured following this inspection that the trust had taken necessary action to further mitigate and reduce these risks, and that staff were knowledgeable around the risks of the young people.

## Overall summary

**Our rating of this trust improved since our last inspection. We rated it as Outstanding**  

# Summary of findings

## What this trust does

Dorset Healthcare University NHS Foundation Trust (DHC) provides a range of services to the population of Dorset including integrated community health and mental health, specialist learning disability services, community brain injury services and community hospitals.

The trust has 448 inpatient beds across 30 wards, eight of which were children's mental health beds across 19 locations registered with the CQC.

Services are delivered in the local community, community hospitals, inpatient units or in local centres. The services are delivered by locally based integrated health and social care teams. The trust also provides specialist assessment and treatment inpatient centres. Dorset Healthcare University NHS Foundation Trust are the lead provider for the Contraceptive and Sexual Health service.

## Key questions and ratings

We inspect and regulate healthcare service providers in England.

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well-led?

Where we have a legal duty to do so, we rate the quality of services against each key question as outstanding, good, requires improvement or inadequate.

Where necessary, we take action against service providers that break the regulations and help them to improve the quality of their services.

## What we inspected and why

We plan our inspections based on everything we know about services, including whether they appear to be getting better or worse.

We inspected mental health core services with a requires improvement in one or more key questions, namely:

- Acute wards for adults of working age and psychiatric intensive care units
- Long stay rehabilitation mental health wards for working age adults
- Wards for older people with mental health problems
- Mental health crisis services and health-based places of safety.

We did not inspect specialist community mental health services for children and young people on this occasion due to the trust making significant changes to the core service pathway.

We inspected community health services at this inspection, namely:

- Community health services for adults as they were rated requires improvement for safe in 2015
- Community urgent care as the trust had recently opened new units not yet inspected by us.

We didn't inspect any other core services as these were rated good/outstanding and we have no information that would lead us to believe that anything has changed

On the inspection we:

- Spoke to 68 patients/service users

# Summary of findings

- Reviewed 142 clinical records
- Reviewed 72 medication charts
- Spoke to 155 staff members, including consultants, nurses, healthcare assistants, occupational therapists, junior doctors and administration staff.
- Spoke to 35 managers and deputy managers
- Attended various multi-disciplinary meetings, handovers, staff meetings.
- Reviewed policies and procedures, meeting minutes, training and supervision records, safeguarding records and audits.

## What we found

### Overall trust

Our rating of the trust improved. We rated it as outstanding because:

- We rated the trust outstanding overall because over the past four inspections we have seen a consistent pattern of progressive improvement in the quality of core services that is reflected in the ratings of these services.
- We rated the trust outstanding overall for the key question is the trust well-led due to the inspirational leadership provided by the senior team. In rating the trust overall, we took into account the current ratings for the services not inspected this time.
- At this comprehensive inspection (2019) we found the trust had made the required improvements in the safe key question to increase its rating to good.
- We rated the trust as outstanding overall for the key questions are services caring and are services well led. In addition, we rated the trust good for safe, effective and responsive. We rated one out of six core services that we inspected as outstanding overall which was community health services for adults.
- We were particularly impressed by the strength, knowledge and integrity of the leadership at the trust. They had a comprehensive knowledge of current priorities and challenges and took prompt action to address them. The board was visible and supportive to the wider health and social care system. Reports from external sources including NHS England/Improvement and commissioners were consistently positive. The trust had quality and sustainability as its top priorities.
- We were also impressed with the trust attitude towards and application of innovation and service improvement. The delivery of high-quality care was central to the trust values and all aspects of running the core services. We got a true sense of the trust's main focus was on providing care that truly benefited patients and carers and supported the wider system. There was a dedicated quality improvement (QI) team which engaged frontline staff and empowered and inspired them to use innovative means of improving services.
- There was a strong learning culture within the trust and staff showed caring, compassionate attitudes, were proud to work for the trust and were involved in the development and improvements within the trust. Staff embraced and modelled the values and behaviours in both mental health and community health services. Throughout the trust staff treated patients and each other with dignity and respect. Staff morale was high in the services. Staff told us they felt respected, supported and valued by their managers and the trust. Staff used creativity to ensure patients were treated well and their care needs listened to.

# Summary of findings

- Staff, patients and carers were actively involved in the development of the services, and the trust were creative in engaging all the relevant people. Senior leadership in the trust had good relationships with partner organisations and were engaging positively in the wider health systems. The trust had a mixture of highly experienced and new senior leaders with the skills, abilities, and a commitment to provide high-quality services. The executives and non-executives presented as a strong unified board.
- Two of the wards for older people with mental health problems (Herm and St Brelades) had been awarded the Gold Standard Framework (GSF). These were the first older adult's mental health unit in the country to receive this award. All community hospitals in the trust were GSF accredited. The GSF is a systematic evidence based approach to ensuring all patients approaching end of life receive the best possible compassionate care in the best possible place. This meant patients approaching the end of their lives on these wards could remain on the ward rather than be transferred to another place to receive this care.
- The trust had effective systems and processes in place for identifying risks and how to eliminate or reduce them. Staff had training in how to recognise and report abuse and applied it. The trust had an innovative focus on reducing incidents of falls and pressure ulcers and were committed to improving services by learning when things went well or wrong. The pharmacy management leadership team ensured patients were safe and good governance was in place. Medicines safety risks were identified, actioned and shared appropriately within the trust and with external partners. Learning actions from medicines incidents and audits were shared across the trust.
- Excellent governance arrangements were in place in relation to Mental Health Act (MHA) administration and compliance. One of the non-executive directors had a legal background and was highly experienced and chaired the MHA monitoring group. Minutes demonstrated that it covered an appropriate range of subjects including monitoring of MHA review report findings. The trust ensured they were responsive in their approach to issues raised within these reports. There was clear, robust and effective multi-agency working arrangements around the MHA. A regular programme of MHA audits took place. Where MHA audits had identified gaps in knowledge the MHA lead provided targeted training and support.
- Trust premises were clean and well maintained although several buildings were not fully fit for purpose. There was an estates strategy in place and the trust had a clear idea of what needed to be done but planning permission was required for many the changes which was proving difficult to get due to the nature of the buildings. We saw during our core service visit that the gardens in Herm and St Brelades wards were not dementia friendly and unsafe in some areas. However, this was addressed quickly and funding made available to improve these areas further. Staff were clear on their responsibility to mitigate safety and ensure dignity of patients in shared accommodation. During our well led inspection we saw many improvements had already been made to these areas.
- Staff at all levels worked well with each other and external organisations to provide care and treatment to patients based on national guidance. Staff generally kept clear records of patients' care and treatment and confidentiality was maintained. Patients had access to psychological support and occupational therapy. The physical healthcare needs of patients within mental health services was excellent. Patients in community health services benefitted from outstanding care and support from staff.

However:

- Recruitment in some areas (e.g. community CAMHS) remained a struggle. The trust was working creatively with commissioners to resolve this and the implementation of a new care model in CAMHS services should ease some staffing pressures.
- A bed was not always available when needed on return to the acute mental health wards. There had been some inappropriate placements on the wards, due to the wards not having control over bed management.

# Summary of findings

- There remained shared accommodation on one acute mental health ward and some of the older people's mental health inpatient wards. Bedrooms and shared accommodation did have lockable storage facilities for clothing and possessions and the provider had taken action to mitigate the adverse effects of privacy or safety. Capital funding had been secured with a plan in place to remove all shared accommodation.

## Are services safe?

Our rating of safe improved. We rated it as good because:

- Staff could access the information they needed to assess, plan and deliver care, treatment and support to people in a timely way. Staff met good practice standards described in relevant national guidance.
- Managers encouraged staff to be open and transparent about safety. Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses; they were fully supported when they do so. When something went wrong, there was an appropriate thorough review or investigation that involved all relevant staff, partner organisations and people who used services. Lessons were learned and communicated widely to support improvement in other areas where relevant, as well as services that were directly affected. Opportunities to learn from external safety events and patient safety alerts were also identified.
- All clinical areas were safe, clean, well equipped, well-furnished and well maintained. Previous concerns related to unmanaged ligature risks and not complying with same sex accommodation guidelines had been addressed
- Staff minimised the use of restrictive practice. Staff assessed and managed risks well and followed best practice in anticipating, de-escalating and managing challenging behaviour. Staff used restraint and seclusion only after attempts at de-escalation had failed. The trust was actively working to minimise restrictive interventions and this had reduced.
- 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.

However:

- The seclusion suite at Haven ward did not have an appropriate means by which staff and patients could communicate with each other when the door of the seclusion suite was closed. However, a two-way intercom had been ordered.
- Staff sometimes missed medication checks in some services and managers did not always check this was happening.

## Are services effective?

Our rating of effective stayed the same. We rated it as good because:

- Staff undertook comprehensive assessments of patient's needs, which included consideration of clinical needs (including pain relief), mental health, physical health and wellbeing, and nutrition and hydration needs. The expected outcomes were identified and care and treatment was regularly reviewed and updated, and appropriate referral pathways are in place to make sure that needs were addressed.
- Staff developed individual care plans, which they reviewed regularly through multidisciplinary discussion and updated as needed. Care plans reflected the assessed needs, were personalised, holistic and recovery-oriented. Staff from different disciplines worked together as a team to benefit patients.
- The mental health services we inspected had a range of suitably skilled and trained healthcare professionals which included registered nurses, occupational therapists, managers, healthcare support workers and medical staff.
- Staff had easy access to clinical information and it was easy for them to maintain high quality clinical electronic records.

# Summary of findings

- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Health Act Code of Practice and discharged these well.
- Staff provided a range of care and treatment interventions suitable for the patient group and consistent with national guidance on best practice. They ensured that patients had good access to physical healthcare and supported patients to live healthier lives.

However:

- Mental Health Act assessments during the night at the health-based place of safety had sometimes been delayed whilst waiting for a second Section 12-approved doctor.
- Staff who covered shifts at the health-based place of safety had not received regular supervision for their role and learning from incidents had not been disseminated to staff.

## Are services caring?

Our rating of caring improved. We rated it as outstanding because:

- Patients were treated with dignity by all those involved in their care, treatment and support. Consideration of people's privacy and dignity is consistently embedded in everything that staff do, including awareness of any specific needs
- Staff treated patients with compassion and kindness. They understood the individual needs of patients and supported patients to understand and manage their care, treatment or condition. Staff were motivated to ensure the best outcomes for patients and carers.
- Patients felt really cared for and that they mattered. Staff understood and respected the personal, cultural, social and religious needs of people. There was a strong patient-centred culture.
- Patients valued their relationships with the staff team and felt that they often went 'the extra mile' for them when providing care and support. Elements of care displayed by staff for emotional and physical needs exceeded expectations in some core services.
- Two of the wards for older people with mental health problems had been awarded the Gold Standard Framework accreditation due to their excellence in end of life care. These wards were the first older people mental health wards to be awarded this.
- Patients' emotional and spiritual needs were addressed, along with their mental and physical healthcare needs. The introduction of the 'my wellbeing' care plan allowed patients and carers to have a consistent voice in their care and treatment.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with the whole team and the wider service.
- Where possible, the trust actively involved patients in the creation and improvement of services.

## Are services responsive?

Our rating of responsive stayed the same. We rated it as good because:

- The services met the needs of patients, including those under protected characteristics. Staff treated complaints and concerns seriously and investigated appropriately.
- Staff coordinated care and treatment with other services and other providers. This included liaison with families and carers and ensuring that all services were informed of any diverse needs that needed to be addressed.

# Summary of findings

- Staff made reasonable adjustments and action was taken to remove barriers when people found it hard to use or access services.
- Information was widely available to patients and carers. Interpretation and translation services were available if required.
- Patients' knew how to provide feedback about their experience and could do so in a range of accessible ways, including how to raise any concerns or issues.

However:

- A bed was not always available when needed on return to the acute mental health wards. There had been some inappropriate placements on the wards, due to the wards not having control over bed management.
- The recording of mental capacity assessments was variable across the services.

## Are services well-led?

Our rating of well-led improved. We rated it as outstanding because:

- The trust board and senior leadership team were inspirational, progressive, cohesive and innovative with a mature approach and clear purpose. Leadership was truly compassionate. Quality and integrity were at the heart of what they did resulting in a just culture within a strong learning organisation. Opportunities provided for staff development was exemplary.
- The chair had recruited strong and experienced non-executive directors (NEDs) with a range of experience. The NEDs did not have a clinical background but were fully able and confident to escalate and challenge clinical issues through the executive team. There was a clear feedback loop throughout the board and the executive team which reflected empowerment and maturity.
- The trust was fully engaged in the local system wide strategy and had excellent relationships with partners and was working closely on how to improve pathways of patients across different providers, including the development of an integrated care system (ICS) involving five organisations. The current trust strategy was robust and realistic for achieving trust priorities. The trust used creative means to ensure staff and patients were also able to contribute to the development of the strategy.
- The trust had appointed a Freedom to Speak Up Guardian and provided them with sufficient resources and support to help staff to raise concerns. We saw examples of support and guidance provided by the guardian who demonstrated enthusiasm, integrity and energy for the role.
- The trust had effective structures, systems and processes in place to support the delivery of its strategy including sub-board committees, divisional committees, team meetings and senior managers. Leaders regularly reviewed these structures.
- The trust had a structured and systematic approach to staff engagement and staff were involved in decision making about changes to the trust services. The trust was actively engaged in collaborative work with external partners, such as involvement with sustainability and transformation plans (STP's). External stakeholders said they received open and transparent feedback on performance from the trust.
- The leadership, governance and culture promoted the delivery of high-quality person-centred care.
- Leaders in the core services had the skills, knowledge and experience to perform their roles, had a good understanding of the services they managed, and were visible in the service and approachable for patients and staff.
- Staff knew and understood the trust vision and values and how they were applied in the work of their team.



# Summary of findings

- Staff felt respected, supported and valued. They reported that the provider promoted equality and diversity in its day-to-day work and in providing opportunities for career progression. They felt able to raise concerns without fear of retribution.
- Staff felt proud of the work within the trust and were supported by strong and effective local leadership. Leaders demonstrated skills, knowledge, passion and experience. There was a positive culture around teamwork and mutual support in the services.
- We found examples of outstanding practice in the wards for older people with mental health problems and long stay rehabilitation units. The physical healthcare demonstrated on the wards for older people with mental health problems was exemplary. Nightingale Court and Glendinning Units had completed a research paper on improving inpatient wards for patients with cognitive impairment. Staff were involved in a training programme on cognitive impairment and made changes to the ward environments to make them more suited to patients with cognitive impairment
- Where possible, the trust actively involved patients in the creation and improvement of services.

However:

- The system in place did not always accurately reflect the training and supervision that had been provided for staff.

## Ratings tables

The ratings tables show the ratings overall and for each key question, for each service, hospital and service type, and for the whole trust. They also show the current ratings for services or parts of them not inspected this time. We took all ratings into account in deciding overall ratings. Our decisions on overall ratings also took into account factors including the relative size of services and we used our professional judgement to reach fair and balanced ratings.

## Outstanding practice

We found examples of outstanding practice in the long stay rehabilitation wards for working age adults, wards for older people with mental health problems and the community health services for adults.

For more information, see the Outstanding practice section of this report.

## Areas for improvement

We found areas for improvement. We found 19 things the trust should improve to comply with a minor breach that did not justify regulatory action, to prevent breaching legal requirement, or to improve service quality.

For more information, see the Areas for improvement section of this report.

## Action we have taken

We did not find any areas of improvement which constituted a breach of legal requirements.

## What happens next

We will check that the trust takes the necessary action to improve its services. We will continue to monitor the safety and quality of services through our continuing relationship with the trust and our regular inspections.

## Outstanding practice

### Long stay rehabilitation wards for working age adults

# Summary of findings

Nightingale Court and Glendinning Unit had undertaken a piece of research and produced a paper on improving inpatient wards for patients with cognitive impairment. Staff were involved in a training programme on cognitive impairment and made changes to the ward environments to make them more suited to patients with cognitive impairment (in line with learning disability and dementia services within the trust). The wards also implemented a cognitive screening programme to identify patients with cognitive impairment on admission. The research, which the trust was hoping to have published, indicated that staff had increased confidence and knowledge about cognitive impairment as a result of this programme.

## **Wards for older people with mental health problems**

Both Herm and St Brelades wards at Alderney Hospital were awarded the Gold Standard Framework. This made these wards the first older people's mental health wards in the country to earn this accreditation. The Gold Standard Framework is a leading training provider in end of life care and commended the wards on the difference they made to patients' lives. The accreditation panel found that patients received care how and where they wanted it, and that relatives had peace of mind.

The physical healthcare demonstrated was outstanding. The wards used a rotation practice, where general nurses with a physical healthcare background performed shifts on the mental health wards and the mental health nurses performed shifts on the physical health wards. This meant that both nurses gained valuable insight and experience in mental and physical healthcare that they transferred to their own wards.

The use of therapeutic intervention on Herm ward resulted in a published article in the British Medical Journal, as well as a reduction in physical restraint on the ward. This had also resulted in a decrease in staff sickness.

## **Community health services for adults**

Staff went above and beyond to ensure they could provide high quality care for patients. For example, staff at Alderney Hospital had rearranged a ward, so an elderly couple admitted to the hospital could be placed in adjoining beds to make the couple's stay at the hospital as comfortable as possible. A district nurse caring for a patient considered and supported his family, including a member with a disability alongside the patient. The community neurology team reviewed patients in their own home, when required if attending a clinic could be problematic. Wheelchair repair and maintenance could be carried out in patients' homes or the wheelchair picked up and delivered back, whichever was convenient for the patient.

A nurse visited a patient with a health issue, who would not normally qualify for a home visit. The patient lived in an isolated rural area and had two young babies but required a wound dressing and monitoring for infection.

The Bournemouth and Poole Community Therapy Team ran regular patient focus groups for recently discharged patients and their carers to discuss their experiences and these were used to improve the service.

The trust set the rapid response team a target of 98% to respond and see patients within two hours of referral. In March 2019, the team achieved 100% and also achieved 100% on a cumulative three-month time span.

## Areas for improvement

Action the trust SHOULD take is to comply with a minor breach that did not justify regulatory action, to prevent it failing to comply with legal requirements in future, or to improve services.

### **Action the trust SHOULD take to improve:**

#### **Mental health crisis services and health-based places of safety**

# Summary of findings

The trust should consider the review of arrangements in accessing Section 12-approved doctors out of hours and continue reducing the waiting time for assessment.

The trust should ensure mental capacity assessments are clearly documented.

The trust should continue to improve access to supervision of staff at the place of safety.

## **Long stay rehabilitation wards for working age adults**

The provider should ensure they have a plan with clear timescales for the removal of shared sleeping accommodation.

## **Acute wards for adults of working age and psychiatric intensive care units**

The trust should ensure proper and regular checks are carried out on medications, including emergency trolleys, and that actions from these checks are completed in a timely manner. In addition, the trust should ensure that there is clear oversight of medicines management.

The trust should ensure that capacity and consent are discussed appropriately and consistently for all patients and fully recorded in patient notes.

The trust should ensure that regular supervision of staff occurs and is recorded appropriately.

The trust should ensure that when patients go on leave there is a bed on their return and that patients are admitted in the appropriate environment.

The trust should continue to ensure that when patients are moved from other wards to the seclusion suite, their privacy and dignity are protected.

## **Wards for older people with mental health problems**

In addition to the immediate action taken to address issues with the environment, the trust should ensure that it continues to maintain the environments appropriately to ensure they meet the needs of patients.

The trust should ensure that all reasonable action is taken to continue to eliminate the use of shared sleeping accommodation.

The trust should ensure proper and regular checks are carried out on medications, including emergency trolleys, and that actions from these checks are completed in a timely manner.

The trust should ensure that capacity and consent are discussed appropriately and consistently for all patients and all aspects of patient care. These discussions and assessments should be recorded fully in patient notes.

## **Community health services for adults**

The trust should continue to act on the maintenance issues for equipment used in the community and update the asset register.

The trust should consider using a registered nurse to take and collate referrals to the night nursing service to provide a comparable service to the locality hubs.

## **Community urgent care service**

The trust should consider ways to eliminate incidences of sole practitioner working.

The trust should consider initiating a more comprehensive assessment triage system in all units to accurately determine the urgency with which patients should be seen.

The trust should review waiting areas where there is restricted view of patients.

# Summary of findings

The trust should consider undertaking clinical audits to demonstrate that care and treatment is provided in line with evidence-based guidance, standards and recent best practice guidance.

## Is this organisation well-led?

Our comprehensive inspections of NHS trusts have shown a strong link between the quality of overall management of a trust and the quality of its services. For that reason, we look at the quality of leadership at every level. We also look at how well a trust manages the governance of its services – in other words, how well leaders continually improve the quality of services and safeguard high standards of care by creating an environment for excellence in clinical care to flourish.

Our rating of well-led at the trust improved. We rated well-led as outstanding because:

- We rated the trust outstanding overall because over the past four inspections we have seen a consistent pattern of progressive improvement in the quality of core services that is reflected in the ratings of these services.
- We rated the trust outstanding overall for the key question is the trust well-led due to the inspirational leadership provided by the senior team. In rating the trust overall, we took into account the current ratings for the services not inspected this time.
- The trust board and senior leadership team were inspirational, progressive, cohesive and innovative with a mature approach and clear purpose. Leadership was compassionate. Quality and integrity were at the heart of what they did resulting in a just culture within a strong learning organisation. Opportunities provided for staff development was exemplary.
- The trust board had a number of relatively new executive members who had an appropriate range of skills, knowledge and experience to perform its role. All the executive team except the chief operating officer (COO) were in permanent posts, with a permanent appointment to this post expected to be made in the coming months. The chief executive officer (CEO) had recently been appointed and was previously the COO.
- The chair had recruited strong and experienced non-executive directors (NED's) with a range of experience. The NED's did not have a clinical background but were fully able and confident to escalate and challenge clinical issues through the executive team. There was a clear feedback loop throughout the board and the executive team which reflected empowerment and maturity.
- The trust leadership team had a comprehensive knowledge of current priorities, risks and challenges across all sectors and acted to address them.
- The trust was fully engaged in the local strategy and had excellent relationships with partners and was working closely on how to improve pathways of patients across different providers, including the development of an integrated care system (ICS) involving five organisations. The current trust strategy was robust and realistic for achieving trust priorities. The trust used creative means to ensure staff and patients were also able to contribute to the development of the strategy.
- The trust had appointed a Freedom to Speak Up Guardian and provided them with sufficient resources and support to help staff to raise concerns. We saw examples of support and guidance provided by the guardian who demonstrated enthusiasm, integrity and energy for the role.
- The trust had a positive and active ongoing focus on equality and diversity. The trust held regular LGBT staff network meetings and appointed an LGBT lead who has represented the trust at several national and regional conferences and the trust Equality and Diversity steering group meetings are attended by the LGBT lead.

# Summary of findings

- The trust had effective structures, systems and processes in place to support the delivery of its strategy including sub-board committees, divisional committees, team meetings and senior managers. Leaders regularly reviewed these structures.
- Excellent governance arrangements were in place in relation to Mental Health Act (MHA) administration and compliance and there was clear, robust and effective multi-agency working arrangements around the MHA.
- The trust had systems in place to identify learning from incidents, complaints and safeguarding alerts and make improvements. The governance team regularly reviewed the systems. Senior management committees and the board reviewed performance reports. Leaders regularly reviewed and improved the processes to manage current and future performance.
- The trust had a structured and systematic approach to staff engagement and staff were involved in decision making about changes to the trust services. The trust was actively engaged in collaborative work with external partners, such as involvement with sustainability and transformation plans (STP's). External stakeholders said they received open and transparent feedback on performance from the trust.
- The trust actively participated in national improvement and innovation projects. Quality improvement was embedded and integral to day to day working. Staff were encouraged to make suggestions for improvement and gave examples of ideas which had been implemented. There were excellent organisational systems to support improvement and innovation work and staff had training in improvement methodologies. There were clear principles around putting people first, open, transparent and accountable.
- External organisations had recognised the trust's improvement work. Individual staff and teams received awards for improvements made and shared learning. There were excellent examples of innovative practices and continuous improvement initiatives.
- There was a dedicated quality improvement (QI) team which was having a very positive impact in its early stages. The project was staff led and involved ideas for improvement using tools, evidence and techniques. The quality improvement initiatives were aligned to trust strategic objectives. QI workshops had been held to establish what could be removed from the system that didn't add value. Training in QI was delivered into the trust induction to embed into the culture. Staff were very enthusiastic and wanted to be involved. There was a peer specialist embedded in the QI team.

However:

- There remained shared accommodation on one acute mental health ward and some of the older people's mental health inpatient wards. Bedrooms and shared accommodation did have lockable storage facilities for clothing and possessions and the provider had taken action to mitigate the adverse effects of privacy or safety. Capital funding had been secured with a plan in place to remove all shared accommodation.

## Ratings tables

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
Good ↑ Sept 2019	Good ↔ Sept 2019	Outstanding ↑ Sept 2019	Good ↔ Sept 2019	Outstanding ↑ Sept 2019	Outstanding ↑ Sept 2019

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 community health services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community health services for adults	Good ↑ Sept 2019	Good →← Sept 2019	Outstanding ↑ Sept 2019	Outstanding ↑ Sept 2019	Outstanding ↑ Sept 2019	Outstanding ↑ Sept 2019
Community health services for children and young people	Good Nov 2017	Good Nov 2017	Good Nov 2017	Good Nov 2017	Good Nov 2017	Good Nov 2017
Community health inpatient services	Good Nov 2017	Good Nov 2017	Good Nov 2017	Good Nov 2017	Good Nov 2017	Good Nov 2017
Community end of life care	Good Nov 2017	Good Nov 2017	Outstanding Nov 2017	Good Nov 2017	Good Nov 2017	Good Nov 2017
Community urgent care service	Good →← Sept 2019	Good →← Sept 2019	Good →← Sept 2019	Good →← Sept 2019	Good →← Sept 2019	Good →← Sept 2019
<b>Overall*</b>	Good →← Sept 2019	Good →← Sept 2019	Outstanding ↑ Sept 2019	Good →← Sept 2019	Good →← Sept 2019	Good →← Sept 2019

\*Overall ratings for community 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.

## Ratings for mental health services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Acute wards for adults of working age and psychiatric intensive care units	Good ↑ Sept 2019	Good →← Sept 2019	Good →← Sept 2019	Good →← Sept 2019	Good →← Sept 2019	Good →← Sept 2019
Long-stay or rehabilitation mental health wards for working age adults	Good ↑ Sept 2019	Good →← Sept 2019	Good →← Sept 2019	Good →← Sept 2019	Good →← Sept 2019	Good →← Sept 2019
Forensic inpatient or secure wards	Good Nov 2017	Good Nov 2017	Good Nov 2017	Good Nov 2017	Good Nov 2017	Good Nov 2017
Child and adolescent mental health wards	Good Nov 2017	Outstanding Nov 2017	Outstanding Nov 2017	Good Nov 2017	Outstanding Nov 2017	Outstanding Nov 2017
Wards for older people with mental health problems	Good ↑ Sept 2019	Good →← Sept 2019	Outstanding ↑ Sept 2019	Good →← Sept 2019	Good →← Sept 2019	Good →← Sept 2019
Community-based mental health services for adults of working age	Good Nov 2017	Good Nov 2017	Good Nov 2017	Good Nov 2017	Good Nov 2017	Good Nov 2017
Mental health crisis services and health-based places of safety	Good ↑ Sept 2019	Good →← Sept 2019	Good →← Sept 2019	Good →← Sept 2019	Good ↑ Sept 2019	Good ↑ Sept 2019
Specialist community mental health services for children and young people	Requires improvement Nov 2017	Good Nov 2017	Good Nov 2017	Good Nov 2017	Good Nov 2017	Good Nov 2017
Community-based mental health services for older people	Good Nov 2017	Good Nov 2017	Good Nov 2017	Good Nov 2017	Good Nov 2017	Good Nov 2017
Community mental health services for people with a learning disability or autism	Good Nov 2017	Good Nov 2017	Good Nov 2017	Good Nov 2017	Good Nov 2017	Good Nov 2017
Community forensic mental health team	Good Nov 2017	Outstanding Nov 2017	Outstanding Nov 2017	Good Nov 2017	Good Nov 2017	Outstanding Nov 2017
<b>Overall</b>	Good ↑ Sept 2019	Good →← Sept 2019	Outstanding ↑ Sept 2019	Good →← Sept 2019	Good →← Sept 2019	Good →← Sept 2019

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.



# Community health services

## Background to community health services

Dorset Healthcare University NHS Foundation Trust provides a wide range of mental health and physical health services in both hospital and community settings to people of all ages, including integrated community health and mental health, specialist learning disability services, community brain injury services and community hospitals. Most of the trust's services are provided in the local communities, in people's homes, community hospitals or in local centres.

It became a Foundation Trust in April 2007.

The trust employs approximately 5,000 staff to serve a population exceeding 750,000 people in Dorset, providing healthcare at over 300 sites, with an annual income of approximately £253 million.

In 2012, following the introduction of clinical commissioning groups; the Trust took over services previously provided by Dorset PCT and Bournemouth and Poole PCT, which included community health services and community hospitals.

Dorset Healthcare University NHS Foundation Trust is the healthcare provider for community health services for adults in the county of Dorset and surrounding areas serving a population of over 750,000 people and employing around 5,000 staff. The trust provides healthcare services including: district/community nurses, community matrons, specialist nurses, rapid response and intermediate care services, rehabilitations services, health visitors, school nursing, end of life care, sexual health promotion, diabetes and dietetic education, audiology, speech and language therapy, dermatology, podiatry, orthopaedic services, wheelchair services, anti-coagulation services, pulmonary rehabilitation, early discharge stroke services, Parkinson's care and community oncology. These services are provided in hospital, local communities and in people's own homes.

The trust provides the following community health services:

Community health services for adults

Community health services for children and young people

Community health inpatient services

Community end of life care

Community Urgent Care

We did not inspect all community health services. We did inspect:

Community health services for adults

Community Urgent Care

## Summary of community health services

Good   

# Summary of findings

Our rating of these services stayed the same. We rated them as good because:

- During this inspection we only visited community urgent care and community health services for adults. The other community services were not visited on this inspection because we had no information that would lead us to believe that anything has changed
- Community health inpatients was last inspected in 2017 and rated good overall. Community end of life care was also inspected in 2017 and rated good with an outstanding in the caring key question. In 2015 community health services for adults was rated good overall with a requires improvement rating for safety. In 2016 community urgent care was rated good overall.
- During this current inspection community urgent care remained good overall but the rating for community health services for adults improved. We rated it outstanding overall, with ratings of good in the safe and effective key questions and outstanding in caring, responsive and well led.
- At the last inspection published in 2017, we told the trust it must ensure there were sufficient numbers of suitably qualified staff in all community teams and ensure safe caseload levels, particularly the night nursing team. We also told the trust to ensure patients were protected against the risks of unsafe or inappropriate care and treatment arising from incomplete patient records or inability to access electronic patient records when required. In 2017, staff did not receive appropriate training and there was no formal process in place to meet the duty of candour. During this inspection these requirements had been met.
- Staff understood and respected the personal, cultural, social and religious needs of patients. There was a strong patient-centred culture. We observed interactions of care to patients in their home and in clinics, with kindness and compassion. Staff took time to interact with patients and their relatives and carers in a respectful and considerate way.
- Staff involved patients and those close to them in decisions about their care and treatment. Staff communicated with patients so that they understood their care, treatment and condition and any advice given. Staff also took time to interact with patients and their relatives. The home visit appointments and rehabilitation fitness sessions we observed did not feel rushed.
- Services were tailored to meet the needs of individual patients and delivered in a way to ensure flexibility, choice and continuity of care. Patients received personalised care that was responsive to their needs. Patient records contained assessments that were carried out with the patient and those important to them.
- The trust had systems and processes to ensure staff met the duty of candour. Duty of candour was included in the trust's induction programme which ensured all new starters were provided with relevant information. Duty of candour has been integrated into the Root Cause Analysis and pressure ulcer training packages. This was an improvement from the last inspection in October 2015.
- Patients were monitored to maintain their safety and meet their health needs. The trust aimed for all patients to be seen and assessed as fit to wait or, in the case of the urgent treatment centre, triaged within 15 minutes. The trust monitored performance against this 15-minute standard and it was consistently met.
- 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.
- The leadership team was knowledgeable about quality issues and priorities, understood what the challenges were and acted to address them.
- There was a strong culture of openness, transparency and teamwork within the organisation. Staff felt well supported by managers and told us that they encouraged effective team working across the hospital. Senior staff were visible, approachable and supportive.

# Summary of findings

However:

- Although all calls to the night nursing team were taken and collated, this was undertaken by a healthcare assistant, not a trained nurse. This could lead to the seriousness or deterioration of a patient's condition not being recognised.
- The recruitment of staff for district nurses and allied health professionals remained difficult but the trust was trying to be creative around this.
- Unplanned lone practitioner working was not always recorded as an incident.
- Not all patient waiting areas gave practitioners a clear view of patients.
- Clinical audits were not done to demonstrate that care and treatment was provided in line with evidence-based guidance, standards and recent best practice guidance.

# Community urgent care service

Good   

## Key facts and figures

Dorset Healthcare University NHS Foundation Trust (DHC) provides community health services for adults serving a population of over 750,000 people. The trust provides urgent care services to the people in the county of Dorset.

Urgent Care is an alternative to accident and emergency (A&E) for a range of minor injuries and urgent medical problems. It is a walk-in service for patients whose condition is urgent enough that they cannot wait for the next GP appointment (usually within 48 hours) but who do not need emergency treatment at an accident and emergency department. This service is available for all patients of all ages registered with an NHS Dorset GP practice and out of area visitors who require urgent care.

Community urgent and emergency care is provided by DHC in seven minor injury units (MIUs) and one urgent treatment centre (UTC).

There are slight variations in the opening times of the MIUs and UTCs. All are open five days a week, and five are open at the weekend. There are x-ray facilities available at all sites on Monday to Friday during core opening hours and for a limited period on Saturday and Sunday at Weymouth UTC. Some units offer booked evening appointments as part of an integrated urgent care system.

Between April 2018 and March 2019, 61,307 patients over the age of 18 and 19,346 patients under 18 years old were seen across all eight sites.

The service was inspected as part of a comprehensive inspection in June 2015 and was rated overall as requires improvement. We rated safe as inadequate; effective, responsive and well led as requires improvement and caring as good.

CQC carried out an inspection in March 2016 and found the service was greatly improved, particularly in the safe and well-led key questions. The service was rated overall as good.

This inspection took place between 30 April and 2 May 2019 and is part of our comprehensive programme of inspections. The inspection was announced (staff knew we were coming) and short notice. This was to ensure that everyone we needed to talk to was available.

Before the inspection, we reviewed information we held and asked other organisations to share what they knew about the trust. These included NHS Improvement, local clinical commissioning groups and local authorities.

We inspected all five key questions, safe, effective, caring, responsive and well-led. We inspected the following locations:

- Wimborne minor injury unit (Victoria hospital)
- Swanage minor injury unit (Swanage hospital)
- Shaftesbury minor injury unit (Westminster Memorial hospital)
- Blandford minor injury unit (Blandford hospital)
- Sherborne minor injury unit (Yeatman Hospital)
- Bridport minor injury unit (Bridport Community hospital)
- Portland minor injury unit (Portland Hospital)

# Community urgent care service

- Weymouth urgent treatment centre (Weymouth Community Hospital)

During inspection we:

- interviewed the senior leadership team which included two professional leads; locality manager; service director and two heads of integrated community services.
- spoke with 22 staff members, including hospital matrons, clinical team leaders, nurses, paramedics, healthcare assistants and reception staff.
- reviewed 10 patient records across the eight sites.
- spoke with 12 patients and carers.
- observed staff interactions with patients.
- reviewed policies and procedures, meeting minutes, training and supervision records, safeguarding records and audits.

## Summary of this service

Our rating of this service stayed the same. We rated it as good because:

- 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.
- There were effective systems to protect patients from harm. Incidents were discussed regularly in team and governance meetings. There was an open culture of reporting, and learning was shared with staff to make improvements.
- Infection risks were well controlled, and there was enough suitable equipment which staff were trained to use.
- Staff worked together as a team to deliver effective, patient-centred care and improve patient outcomes. Treatment was planned and delivered in line with current evidence-based guidance.
- Staff treated patients with kindness, dignity and respect. Patients were involved as partners in their care and were supported by staff to make decisions about their treatment.
- The needs and preferences of different people, including the local population, were considered when designing and delivering services.
- Patients were monitored to maintain their safety and meet their health needs. The trust aimed for all patients to be seen and assessed as fit to wait or, in the case of the urgent treatment centre, triaged within 15 minutes. The trust monitored performance against this 15-minute standard and it was consistently met.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.
- The leadership team was knowledgeable about quality issues and priorities, understood what the challenges were and acted to address them.
- There was a strong culture of openness, transparency and teamwork within the organisation. Staff felt well supported by managers and told us that they encouraged effective team working across the hospital. Senior staff were visible, approachable and supportive.

# Community urgent care service

However:

- Unplanned lone practitioner working was not always recorded as an incident.
- Not all patient waiting areas gave practitioners a clear view of patients.
- Clinical audits were not done to demonstrate that care and treatment was provided in line with evidence-based guidance, standards and recent best practice guidance.

## Is the service safe?

Good ● → ←

Our rating of safe stayed the same. We rated it as good because:

- Staff demonstrated they were knowledgeable about the risks to vulnerable adults. They had training and worked well with other agencies to protect patients from abuse.
- All staff attended the required mandatory training.
- Systems were used to report, investigate and learn from incidents. Incidents were discussed regularly in team and governance meetings. There was an open culture of reporting, and learning was shared with staff to make improvements.
- Cleanliness, infection control and hygiene were well managed with systems and processes to reduce and control the risk of cross infection.
- Records audits were used to monitor the content and quality of patient's records.
- Medicines were managed in a way that kept patients safe, stored safely and recorded correctly. Patient group directions (PGDs) were completed, up to date and reviewed annually. Medicine prescription pads (FP10) were kept securely and managed safely to ensure an audit trail of use.

However:

- Although staffing levels were consistently maintained at planned levels by staff with appropriate skills; some staff told us they considered staffing levels unsafe on occasions when a lone practitioner was on duty. Not all minor injury units reported when there was an unplanned lone practitioner on duty.
- There was poor visibility of patients on the CCTV monitors in Bridport and Weymouth.

## Is the service effective?

Good ● → ←

Our rating of effective stayed the same. We rated it as good because:

- The trust's policies and services were developed to reflect best practice and evidence-based guidelines. We observed best practice guidance being followed.
- Staff had the right qualifications, skills and knowledge to do their jobs effectively. Staff appraisal and clinical supervision supported staff development. Staff told us they were actively encouraged to continue with their professional development.

# Community urgent care service

- Staff assessed patients to see if they were in pain. They supported those unable to communicate using suitable assessment tools and gave pain relief to ease pain.
- Patients had access to information to help them understand their care and treatment and promote good health. Staff provided health promotion advice and directed patients to where further information and support could be found.
- Staff of different kinds worked together as a team to benefit patients. We saw they liaised with GPs, district nurses, school nurses and social workers where appropriate.
- Patients' consent to care and treatment was sought in line with legislation and guidance. Staff had a clear understanding of the Mental Capacity Act 2005, and patient consent.

However:

- Clinical audits were not done to demonstrate that care and treatment was provided in line with evidence-based guidance, standards and recent best practice guidance.

## Is the service caring?

Good  → ←

Our rating of caring stayed the same. We rated it as good because:

- Staff cared for patients with compassion. Written and verbal feedback from patients confirmed that staff treated them well and with kindness.
- Staff interacted with patients in a positive, professional, and informative manner. They displayed understanding and a non-judgemental attitude when talking about patients with additional or mental health needs.
- Staff showed an encouraging, supportive and sensitive attitude to patients and those close to them. They spent longer with anxious patients and provided assurance before commencing any treatment.
- Staff considered any communication difficulties and had access to support services and aids to ensure patients and carers understood the care and treatment provided.

## Is the service responsive?

Good  → ←

Our rating of responsive stayed the same. We rated it as good because:

- The trust planned and provided services in a way that met the needs of local people. There were established pathways to refer patients to secondary care if required which included hospitals and specialists.
- Services were delivered, made accessible and coordinated to account for the needs of different people. All units were accessible for patients with limited mobility or who used mobility aids and had a loop system to assist patients with hearing difficulties. Patients with a known learning disability were flagged on the electronic patient record system.
- Patients accessed care and treatment in a timely way. The Department of Health's standard for emergency departments is that 95% of patients should be assessed and treated within four hours of arrival in the emergency department. This was achieved 100% of the time by all units between December 2018 and March 2019.

# Community urgent care service

- Complaints were handled in accordance with trust policy and within the provided timescale. We saw replies given to patient complaints were open and transparent with an explanation of the outcome.

## Is the service well-led?

Good   

Our rating of well-led stayed the same. We rated it as good because:

- Managers had the right skills and abilities to run a service providing high-quality sustainable care. Many were or had been clinical practitioners and were able to provide clinical oversight and guidance to staff.
- The trust had a vision for what it wanted to achieve and worked with staff, patients, and key groups representing the local community to shape the future of community urgent care.
- Staff felt local leadership represented and enabled them, and divisional lead staff were accessible. They told us members of the senior leadership team made frequent visits to the units.
- There was a strong ethos of teamwork and staff felt very well supported. Staff told us they were proud to do their jobs and there was a culture of openness and honesty where they felt listened to and supported.
- There was a structured and effective information governance management framework to monitor and develop the minor injury service. Governance arrangements demonstrated the processes through which unit to board reporting and continuous learning was achieved.
- Data was collected, analysed and managed to support all its activities, using secure electronic systems with security safeguards. It was used to drive up standards and identify areas where improvement was required.

However:

- Lone practitioner working was not on the trust risk register.

## Areas for improvement

We found areas for improvement in this service. See the areas for improvement section above.



# Community health services for adults

Outstanding  

## Key facts and figures

Dorset Healthcare University NHS Foundation Trust provides for community health services for adults in the county of Dorset and surrounding areas serving a population of over 750,000 people. The trust provides healthcare services including: district/community nurses, community matrons, specialist nurses, rapid response and intermediate care services, rehabilitations services, health visitors, school nursing, end of life care, sexual health promotion, diabetes and dietetic education, audiology, speech and language therapy, dermatology, podiatry, orthopaedic services, wheelchair services, anti-coagulation services, pulmonary rehabilitation, early discharge stroke services, Parkinson's care and community oncology. These services are provided in hospital, local communities and in people's own homes.

Over the last 18 months the trust has launched the single point of access system in each locality where one telephone number allows access to all health and social care professionals, including GPs, to refer into the community health services. It provides clinical conversations at the point of making a referral to agree the course of action, focused on the patient's need.

Services are provided with a multidisciplinary approach with locality hubs developing with standardised processes to ensure consistent integrated care. The trust has 11 hubs spread across the county consisting of integrated health and social care teams (services working together to ensure people can plan their care to achieve the outcomes that are important to them). Poole hub is the most established.

This inspection was part of our comprehensive programme of inspections and was announced (staff knew we were coming) to ensure that everyone we needed to talk to was available.

During this inspection we:

- spoke with 52 members of staff including six senior managers for the community services, a medical consultant, a nurse consultant, senior nurses, community matrons, advanced nurse practitioners, specialist nurses, district/community nurses, therapists, specialist therapists and support workers
- spoke with 12 patients and their relatives/carers
- reviewed 13 sets of patient records
- observed the care and treatment of patients in the stroke clinic setting and in 10 patients' homes.
- analysed data about the organisation, and information provided to us by the trust.

## Summary of this service

Our rating of this service improved. We rated it as outstanding because:

- The service had enough nursing and support staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank, agency and locum staff a full induction.
- Individual care records were electronic, integrated and consistently managed. Patients were protected against the risks of unsafe or inappropriate care and treatment arising from incomplete patient records or inability to access electronic patient records. This was a marked improvement following the inspection in October 2015

# Community health services for adults

- Staff understood their responsibilities to raise concerns, record safety incidents, concerns and near misses, and to report them internally and externally, where appropriate. There was evidence following incident investigations that duty of candour had been applied. Therefore, patients were protected by a strong comprehensive safety system with the focus on openness, transparency and learning when things went wrong.
- Health and social care were truly integrated. Services were planned and met patient's needs as care pathways were person-centred especially for patients with complex health and social care needs. Referral criteria to community services was clear and managed through a health and social care single point of access. This was a marked improvement on the last inspection in October 2015.
- Leadership, governance and culture were used to drive and improve the delivery of high-quality person-centred care. Managers made sure they had staff with a range of skills needed to provide this and staff had appropriate training to meet their learning needs to cover their scope of work.
- There was a drive to increase skills of staff to provide effective care and treatment for patients. This included volunteers who were recruited where required and trained and supported for the role they undertook.
- There were good arrangements for supporting and managing staff to deliver effective care and treatment. The trust provided comprehensive clinical supervision for staff which they undertook regularly.
- Staff from different health and social care disciplines worked together as a team to benefit patients. This multidisciplinary working supported effective care planning and delivery especially for adults with long term conditions and complex needs.
- Staff understood and respected the personal, cultural, social and religious needs of patients. There was a strong patient-centred culture. We observed kind, compassionate and respectful interactions with patients and their relatives in both trust clinics and in their own home.
- Feedback from people who used the service was continually positive. Patients, their relatives and carers we spoke with told us, without exception, that the staff were always kind. Staff looked for ways to communicate with patients and those close to them to reduce and remove barriers to communication.
- Staff made efforts to involve patients and those close to them in decisions about their care and treatment through personalised care planning. Staff communicated well with patients so that they understood their care, treatment and condition, and any advice given. Staff took time to interact with relatives and carers. The home visit appointments and rehabilitation fitness sessions we observed did not feel rushed. Staff said that it is about "what is important" to patients and that patients had "ownership" of their care plan.
- Services were tailored to meet the needs of individual patients and delivered in a way to ensure flexibility, choice and continuity of care. Patients received personalised care that was responsive to their needs. Patient records contained assessments that were carried out with the patient and those important to them.
- The service worked with other health and social care providers to meet the needs of patients, particularly those with complex needs, long term conditions or life limiting conditions. The involvement of other services was integral to how services were planned and met patient's needs.
- Advanced care planning was well established in the community services.
- The trust had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care. Managers held, or were studying for, management qualifications and had community and primary care experience.

# Community health services for adults

- The trust had systems and processes to ensure staff met the duty of candour. Duty of candour was included in the trust's induction programme which ensured all new starters were provided with relevant information. Duty of candour has been integrated into the Root Cause Analysis and pressure ulcer training packages. This was a noticeable improvement from the last inspection in October 2015.
- There were high levels of staff satisfaction. Staff felt positive and proud to work for the trust and spoke highly of the culture. Staff felt they were in a much better position since the last inspection in October 2015.
- The trust was very proactive in supporting development opportunities for staff. There was also a strong emphasis on the safety and well-being of staff.
- Staff were engaged so that their views were reflected in the planning and delivery of services. At the last inspection in October 2015, staff had felt that changes were made without consultation and without being made aware that changes were happening. At this inspection, staff were much more positive.

However:

- The single point of access was triaged by a trained healthcare professional. In contrast, calls to the night nursing team are taken and collated by a healthcare assistant. Staff felt a trained member of staff at night to triage would provide a more comparable service to the single point of access team.

## Is the service safe?

**Good**  

Our rating of safe improved. We rated it as good because:

- The service controlled infection risk well. Infection control practice and processes in patients' homes were managed safely. There was safe disposal of sharp instruments and clinical waste was managed safely and appropriately.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.
- Staff could describe the processes involved when managing a deteriorating patient.
- Staff used their professional and clinical judgement to undertake risk assessments for patients.
- There were systems and processes to match the workforce with the demand for the service and patient need.
- The service had enough nursing and support staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank, agency and locum staff a full induction.
- Individual care records were electronic, integrated and consistently managed. Patients were protected against the risks of unsafe or inappropriate care and treatment arising from incomplete patient records or inability to access electronic patient records. This was an improvement following the inspection in October 2015
- The service followed best practice when prescribing, giving and recording medicines. Also, patients received specific advice about their medicines.
- The service managed patient safety incidents well. Staff understood their responsibilities to raise concerns, record safety incidents, concerns and near misses, and to report them internally and externally, where appropriate. There was evidence following incident investigations that duty of candour had been applied. Also, learning from incidents was demonstrated.

However:

# Community health services for adults

- The single point of access was triaged by a trained healthcare professional. Calls to the night nursing team were triaged and prioritised by a healthcare assistant. This did not provide a service comparable to the single point of access service.

## Is the service effective?

**Good** ● → ←

Our rating of effective stayed the same. We rated it as good because:

- Referral criteria to community services were clear. This was an improvement on the last inspection in October 2015.
- Staff had access to information required to deliver effective care. Patients' physical, mental health and social needs were holistically assessed. Care and treatment were delivered in line with evidence-based guidance. The service provided care and treatment based on national guidance and evidence of its effectiveness. The trust managed patients with long-term conditions with a range of specialist teams and national policies and guidelines.
- Managers monitored the effectiveness of care and treatment and used the findings to improve them. The trust monitored patient outcomes and undertook a range of audits to promote best practice and develop actions to improve.
- Managers made sure they had staff with a range of skills needed to provide high quality care. Staff had appropriate training to meet their learning needs to cover their scope of work. There was a drive to increase skills of staff to provide effective care and treatment for patients. This included volunteers who were recruited where required and trained and supported for the role they undertook.
- There were arrangements for supporting and managing staff to deliver effective care and treatment. The trust provided comprehensive clinical supervision for staff which they undertook. Staff from different disciplines worked together as a team to benefit patients. Multidisciplinary working supported effective care planning and delivery for adults with long term conditions and complex needs.
- Staff supported patients to make decisions on their care for themselves. They understood the trust policy on the Mental Capacity Act 2005 and assessed and recorded capacity clearly. Staff understood the relevant requirements of legislation and guidance for Deprivation of Liberty. The staff we spoke to had not been involved in the deprivation of liberty for a patient, but they understood and explained the process to us and knew how to access guidance should they need it.

## Is the service caring?

**Outstanding** ☆ ↑

Our rating of caring improved. We rated it as outstanding because:

- Staff understood and respected the personal, cultural, social and religious needs of patients. There was a strong patient-centred culture. We observed interactions of care to patients in their home and in clinics, with kindness and compassion. Staff took time to interact with patients and their relatives and carers in a respectful and considerate way.
- Patients, their relatives and carers we spoke with told us, without exception, that the staff were always kind. Staff looked for ways to communicate with patients and those close to them to reduce and remove barriers to communication.

# Community health services for adults

- Elements of care displayed by staff towards for emotional and physical needs exceeded expectations.
- Patients' emotional and social needs were highly valued by staff. This was reflected in their care and treatment of patients.
- Staff involved patients and those close to them in decisions about their care and treatment. Staff communicated with patients so that they understood their care, treatment and condition and any advice given. Staff also took time to interact with patients and their relatives. The home visit appointments and rehabilitation fitness sessions we observed did not feel rushed.
- Staff involved people who used services and those close to them in planning and making shared decisions about their care and treatment. Staff made efforts to encourage the involvement of patients and those close to them in decisions about their care through personalised care planning.
- Staff said that it is about "what is important" to patients and about patients had "ownership" of their care plan. Patients were active partners in their care.
- Staff supported patients to make and review choices about information sharing.

## Is the service responsive?

**Outstanding** ☆ ↑

Our rating of responsive improved. We rated it as outstanding because:

- Services were tailored to meet the needs of individual patients and delivered in a way to ensure flexibility, choice and continuity of care. Patients received personalised care that was responsive to their needs. Patient records contained assessments that were carried out with the patient and those important to them.
- The service worked with other health and social care providers to meet the needs of patients, particularly those with complex needs, long term conditions or life limiting conditions. The involvement of other services was integral to how services were planned and met patient's needs.
- Services were delivered, made accessible and coordinated to account for the needs of different people. Healthcare professionals worked together to ensure the most appropriate staff provided care and treatment to patients with complex needs.
- Reasonable adjustments were made so that patients with a disability, mental health or complex needs could access and use services on an equal basis to others.
- Staff worked across services to coordinate patient's involvement with families and carers, particularly for those with multiple long-term conditions. We observed staff involved with patients living with long term conditions and found they provided a holistic approach to patient care with a clear understanding of the patient's needs.
- Advanced care planning was well established in the community services.
- Technology was used to support access to care and treatment. The trust provided 'Telehealth' for patients who wanted to manage their long-term condition themselves. Originally commissioned for heart failure and chronic obstructive pulmonary disease, it was now open to any patient in Dorset.
- There was an active review of complaints and how they were managed and responded to within the trust target.

# Community health services for adults

## Is the service well-led?

**Outstanding**  

Our rating of well-led improved. We rated it as outstanding because:

- The trust had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care. Managers held, or were studying for, management qualifications and had community and primary care experience.
- Senior managers understood the challenges to quality and sustainability, and they had identified actions to address these challenges.
- Staff felt service leaders were visible and approachable.
- The trust had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff, patients, and key groups.
- Staff knew and understood the vision, values and strategy of the service and their role in achieving them.
- Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The trust had systems and processes to ensure staff met the duty of candour. Duty of candour was included in the trust's induction programme which ensured all new starters were provided with relevant information. Duty of candour has been integrated into the Root Cause Analysis and pressure ulcer training packages. This was an improvement from the last inspection in October 2015.
- Staff felt positive and proud to work for the trust. Staff felt they were in a better position since the last inspection in October 2015.
- The trust was very proactive in supporting development opportunities for staff. There was also a strong emphasis on the safety and well-being of staff.
- There were clear lines of accountability to support good governance and management.
- There were arrangements for identifying, recording and managing risks, issues and mitigating actions. Managers knew their own particular risks on the risk register. The top risks were staffing and lone working.
- The trust engaged well with patients to plan and manage appropriate services and collaborated with partner organisations effectively.
- Staff were engaged so that their views were reflected in the planning and delivery of services. At the last inspection in October 2015, staff had felt that changes were made without consultation and without being made aware that changes were happening. At this inspection, staff were much more positive.
- The trust was committed to improving services by learning from when things went well and when they went wrong, promoting training, research and innovation.

## Outstanding practice

We found examples of outstanding practice in this service. See the outstanding practice section above.

# Community health services for adults

## Areas for improvement

We found areas for improvement in this service. See the areas for improvement section above.

# Mental health services

## Background to mental health services

Dorset Healthcare University NHS Foundation Trust provides a wide range of mental health and physical health services in both hospital and community settings to people of all ages, including integrated community health and mental health, specialist learning disability services, community brain injury services and community hospitals. Most of the trust's services are provided in the local communities, in people's homes, community hospitals or in local centres.

It became a Foundation Trust in April 2007.

The trust employs approximately 5,000 staff to serve a population exceeding 750,000 people in Dorset, providing healthcare at over 300 sites, with an annual income of approximately £253 million.

In 2010, the Trust gained University status having already established a collaborative university department of mental health with Bournemouth University. The Trust also has active relationships with Southampton University and St. Loyes School of Occupational Therapy, Exeter.

The trust provides the following mental health services:

Acute wards for adults of working age and psychiatric intensive care units

Long stay or rehabilitation mental health wards for working age adults

Forensic inpatient or secure wards

Child and adolescent mental health wards

Wards for older people with mental health problems

Community-based mental health services for adults of working age

Mental health crisis services and health-based places of safety

Specialist community mental health services for children and young people

Community-based mental health services for older people

Community mental health services for people with a learning disability or autism

Forensic community services.

We did not inspect all mental health services. We did inspect:

Acute wards for adults of working age and psychiatric intensive care units

Long stay or rehabilitation mental health wards for working age adults

Wards for older people with mental health problems

Mental health crisis services and health-based places of safety



# Summary of findings

## Summary of mental health services

Good   

Our rating of these services stayed the same. We rated them as good because:

- During this inspection we only visited acute wards for adults of working age and psychiatric intensive care units, long stay or rehabilitation mental health wards for working age adults, wards for older people with mental health problems and mental health crisis services and health-based places of safety. The other mental health services were not visited at this inspection as we had no information that would lead us to believe that anything has changed
- Acute wards for adults of working age and psychiatric intensive care units were last inspected in 2017 when we rated them requires improvement for safe, with a good rating overall. Mental health crisis services and health-based places of safety were also inspected in 2017 and rated requires improvement for safe and responsive and requires improvement overall. We inspected wards for older people with mental health problems and long stay or rehabilitation mental health wards for working age adults in 2016 and both services were rated good overall but requires improvement for safe.
- During this current inspection all services inspected had improved and as such we rated them good overall and outstanding for caring in the wards for older people with mental health problems. We saw some significant improvements across all the services visited and although there were still some improvements to be made, we felt sufficient improvement had been achieved to provide assurance. For example, staffing and recruitment remained a challenge but the trust had developed creative solutions and were implementing them to encourage staff to work there.
- The mental health services we inspected had a range of suitably skilled and trained healthcare professionals which included registered nurses, occupational therapists, managers, healthcare support workers and medical staff.
- All clinical areas were safe, clean, well equipped, well-furnished and well maintained. Previous concerns related to unmanaged ligature risks and not complying with same sex accommodation guidelines had been addressed
- Staff minimised the use of restrictive practice. Staff assessed and managed risks well and followed best practice in anticipating, de-escalating and managing challenging behaviour. Staff used restraint and seclusion only after attempts at de-escalation had failed. The trust was actively working to minimise restrictive interventions and this had reduced.
- 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 assessed the physical and mental health of all patients. They developed individual care plans, which they reviewed regularly through multidisciplinary discussion and updated as needed. Care plans reflected the assessed needs, were personalised, holistic and recovery-oriented. Staff from different disciplines worked together as a team to benefit patients.
- Staff had easy access to clinical information and it was easy for them to maintain high quality clinical electronic records.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Health Act Code of Practice and discharged these well.

# Summary of findings

- Staff provided a range of care and treatment interventions suitable for the patient group and consistent with national guidance on best practice. They ensured that patients had good access to physical healthcare and supported patients to live healthier lives.
- 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. Staff were motivated to ensure the best outcomes for patients and carers.
- Two of the wards for older people with mental health problems had been awarded the Gold Standard Framework accreditation due to their excellence in end of life care. These wards were the first older people mental health wards to be awarded this.
- Patients emotional and spiritual needs were addressed, along with their mental and physical healthcare needs. The introduction of the 'my wellbeing' care plan allowed patients and carers to have a consistent voice in their care and treatment.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with the whole team and the wider service.
- The services met the needs of all patients, including those under protected characteristics. Staff treated complaints and concerns seriously and investigated appropriately. Information was widely available to patients and carers. Interpretation and translation services were available if required. Lessons were learned and shared across the teams.
- Leaders in the core services had the skills, knowledge and experience to perform their roles, had a good understanding of the services they managed, and were visible in the service and approachable for patients and staff.
- Staff knew and understood the trust vision and values and how they were applied in the work of their team. Staff felt respected, supported and valued. They reported that the provider promoted equality and diversity in its day-to-day work and in providing opportunities for career progression. They felt able to raise concerns without fear of retribution.
- Staff felt proud of the work within the trust and were supported by strong and effective local leadership. Leaders demonstrated skills, knowledge, passion and experience. There was a positive culture around teamwork and mutual support in the services.
- We found examples of outstanding practice in the wards for older people with mental health problems and long stay rehabilitation units. The physical healthcare demonstrated on the wards for older people with mental health problems was exemplary. Nightingale Court and Glendinning Units had completed a research paper on improving inpatient wards for patients with cognitive impairment. Staff were involved in a training programme on cognitive impairment and made changes to the ward environments to make them more suited to patients with cognitive impairment

However:

- The systems used to record staff training and supervision did not always accurately reflect the training and supervision that had been provided for staff.
- The recording of mental capacity assessments was variable across the services.
- Managers did not always ensure robust medicine management checks were completed. Staff sometimes missed medication checks in some services and managers did not always check this was happening.
- A bed was not always available when needed on return to the acute mental health wards. There had been some inappropriate placements on the wards, due to the wards not having control over bed management.

# Summary of findings

- The seclusion suite at Haven ward did not have suitable facility for enable effective two-way communication between staff and patient who were in seclusion. The trust had ordered and were waiting for a two-way intercom to remedy this.
- Staff who covered shifts at the health-based place of safety had not received robust supervision for their role and learning from incidents had not been disseminated to staff. When we raised this with the trust, improved supervision arrangements were then organised.
- Mental Health Act assessments during the night at the place of safety had been occasionally delayed whilst waiting for a second Section 12-approved doctor.

# Long stay or rehabilitation mental health wards for working age adults

Good   

## Key facts and figures

Dorset HealthCare University NHS Foundation Trust provides an inpatient complex care and rehabilitation service. It supports working age adults with complex, enduring and severe mental illness to regain their independence prior to integrating back into the community.

Patients who use the rehabilitation services predominately live in the county of Dorset but patients from outside the locality can also be admitted to the service.

The service consists of:

- Nightingale House, a 16-bed locked mixed gender, higher dependency rehabilitation inpatient ward providing inpatient care and rehabilitation for people aged 18-64 with complex, enduring and severe mental illness.
- Nightingale Court, a 13-bed mixed gender unlocked rehabilitation inpatient ward providing inpatient care for people aged 18-64 with complex, enduring and severe mental illness. This unit provided a step down to further independence.
- Glendinning Unit, a nine-bed mixed gender unit providing inpatient rehabilitation services for people with a history of severe mental illness who may experience repeated relapses and admissions. This unit generally offers low level step down support, for people nearing independent living and discharge.

Nightingale House and Nightingale Court are both on the same site in Westbourne, Bournemouth and are located in East Dorset. Glendinning is in West Dorset.

All three wards work closely together. The staff from the wards meet regularly with the service manager to discuss patients requiring admission to determine the most suitable ward for each patient.

The service was inspected as part of a comprehensive inspection in June 2015. At that time, we rated safe and responsive as requires improvement. We told the trust it must make improvements to ensure the privacy of patients on Glendinning and Nightingale Court, that it must make improvements to manage the risks presented by ligatures at Nightingale House and improve the way the administration of medicines was recorded on Glendinning ward.

We carried out an inspection in 2016 to review the progress that had been made. At that time, we rated effective, caring, responsive and well led as good, with safe rated as requires improvement due to continuing issues around ligature points and same sex accommodation.

This inspection was announced (staff knew we were coming) to ensure that everyone we needed to talk to was available.

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?

# Long stay or rehabilitation mental health wards for working age adults

Before the inspection visit we reviewed information that we held about the service and asked a range of other organisations for information.

During the inspection visit, the inspection team:

- visited the three long stay or rehabilitation wards, and looked at the quality of the environment
- spoke with eight patients who were using the service
- interviewed the managers of each of the teams
- spoke with 15 other staff members, including consultant psychiatrists, nurses, support workers, psychologists, occupational therapists and the pharmacist
- reviewed 16 patients' care records
- reviewed 10 medication records
- attended a community meeting and
- looked at a range of policies, procedures and other documents relating to the running of the service.

## Summary of this service

Our rating of this service stayed the same. The rating for safe improved from requires improvement to good. We rated the service as good because:

- The service provided safe care. The ward environments were safe and clean. The wards had enough staff. Staff assessed and managed risks well. Staff minimised the use of restrictive practices, managed medicines safely and followed good practice with respect to safeguarding.
- Staff developed holistic, recovery-oriented and personalised care plans informed by a comprehensive assessment. They provided a range of treatments suitable to the needs of the patients cared for in a mental health rehabilitation ward and in line with national guidance about best practice. Staff engaged in clinical audit to evaluate the quality of care they provided.
- The ward teams included or had access to a range of specialists required to meet the needs of patients on the wards. Managers ensured that these staff received training, supervision and appraisal. The ward staff worked well together as a multidisciplinary team and with those outside the ward who would have a role in providing aftercare.
- Staff understood and discharged their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and understood the individual needs of patients. They actively involved patients and families and carers in care decisions.
- Staff planned and managed discharge well and liaised well with services that would provide aftercare.
- The service worked to a recognised model of mental health rehabilitation. There was strong leadership in place and the governance processes ensured that ward procedures ran smoothly.

# Long stay or rehabilitation mental health wards for working age adults

## Is the service safe?

Good  

Our rating of safe improved. We rated it as good because:

- All wards were safe, clean, well equipped, well furnished, well maintained and fit for purpose. Previous concerns related to unmanaged ligature risks and not complying with privacy and dignity guidelines had been addressed.
- The service had enough staff, who knew the patients and received training to keep patients safe from avoidable harm.
- Staff assessed and managed risks to patients and themselves well. They achieved the right balance between maintaining safety and providing the least restrictive environment possible to facilitate patients' recovery. Staff followed best practice in anticipating, de-escalating and managing challenging behaviour. As a result, they used restraint rarely, and only after attempts at de-escalation had failed.
- 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.
- 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 physical health.
- The wards had a good track record on safety. 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. When things went wrong, staff apologised and gave patients honest information and suitable support.

## Is the service effective?

Good   

Our rating of effective stayed the same. We rated it as good because:

- Staff assessed the physical and mental health of all patients on admission. They developed individual care plans which they reviewed regularly through multidisciplinary discussion and updated as needed. Care plans reflected the assessed needs, were personalised, holistic and recovery-oriented.
- Staff provided a range of care and treatment interventions suitable for the patient group and consistent with national guidance on best practice. This included access to psychological therapies, support for self-care and the development of everyday living skills, and towards meaningful occupation. Staff ensured that patients had good access to physical healthcare and supported patients to live healthier lives.
- Staff had easy access to clinical information and it was easy for them to maintain high quality clinical electronic records.
- Staff used recognised rating scales to assess and record severity and outcomes. They also participated in clinical audit, benchmarking and quality improvement initiatives.
- The ward teams included access to the range of specialists required to meet the needs of patients on the wards, including nursing, occupational therapy and psychology staff. Managers made sure they had staff with a range of skills needed to provide high quality care. They supported staff with appraisals, supervision and opportunities to update and further develop their skills. Managers provided an induction programme for new staff.

# Long stay or rehabilitation mental health wards for working age adults

- 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 teams had effective working relationships with other staff from services that would provide aftercare following the patient's discharge and engaged with them early in the patient's admission to plan discharge.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Health Act Code of Practice and discharged these well. Staff explained patients' rights to them.
- Staff supported patients to make decisions on their care for themselves. They understood the provider's policy on the Mental Capacity Act 2005 and assessed and recorded capacity clearly for patients who might have impaired mental capacity.

However:

- Ward managers were not confident that the system for recording staff training and supervisions was reliable. The system did not always accurately reflect the training and supervision that had been provided for and completed by staff.

## Is the service caring?

Good   

Our rating of caring stayed the same. We rated it as good because:

- 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.
- Staff gave patients on Nightingale House welcome packs including information and a wide range of toiletries and home comforts such as slippers or fluffy socks to welcome them to the ward. A member of staff at Nightingale House had approached a local cosmetics and toiletries firm to request donations to the ward. As a result, patients had regular deliveries of donated luxury toiletries.
- 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.
- Staff informed and involved families and carers appropriately. The service had a lead for the triangle of care (a scheme promoting joint work between carers, patients and professionals). Staff completed a quarterly self-assessment of carer involvement, which led to an improvement action plan.

## Is the service responsive?

Good   

Our rating of responsive stayed the same. We rated it as good because:

- Staff planned and managed discharge well. They liaised well with services that would provide aftercare and were assertive in managing the discharge care pathway.
- The design, layout, and furnishings of the wards supported patients' treatment, privacy and dignity. Aside from a small number of shared bedrooms, most patients had their own bedroom with an ensuite bathroom and could keep their personal belongings safe. There were quiet areas for privacy.

# Long stay or rehabilitation mental health wards for working age adults

- The food was of a good quality and patients could make hot drinks and snacks at any time.
- The wards met the needs of all patients who used the service, including those with a protected characteristic. Staff helped patients with communication, advocacy and cultural and spiritual support.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with the whole team and the wider service.

## Is the service well-led?

Good ● → ←

Our rating of well-led stayed the same. We rated it as good because:

- Leaders had the skills, knowledge and experience to perform their roles, had a good understanding of the services they managed, and were visible in the service and approachable for patients and staff.
- Staff knew and understood the provider's vision and values and how they were applied in the work of their team.
- Staff felt respected, supported and valued. They felt able to raise concerns without fear of retribution.
- Our findings from the other key questions demonstrated that governance processes operated effectively at ward level and that performance and risk were managed well.
- Ward teams had access to the information they needed to provide safe and effective care and used that information to good effect.
- Staff engaged actively in local quality improvement activities including undertaking a research project into improving the inpatient wards for patients with cognitive impairment. The research showed that staff had increased confidence and knowledge about cognitive impairment as a result of this programme.

## Outstanding practice

We found examples of outstanding practice in this service. See the outstanding practice section above.

## Areas for improvement

We found areas for improvement in this service. See the areas for improvement section above.



# Mental health crisis services and health-based places of safety

Good  

## Key facts and figures

Dorset Healthcare University NHS Foundation Trust provides mental health crisis services and a health-based place of safety as part of the trust's mental health services.

The crisis teams are based at St Ann's Hospital and the Forston Clinic, covering East and West Dorset respectively. The crisis and home treatment teams provide short-term work to help support people at home when they are in mental health crisis, and support with earlier discharge from hospital. The teams aim to facilitate the early discharge of patients from hospital or prevent patients being admitted to hospital by providing treatment at home. In addition, the East Dorset crisis team has access to a day hospital, which also provides mental health support.

The health-based place of safety (section 136 suite) is based at St Ann's Hospital and provides a service for the whole of Dorset. The place of safety is for patients' who are detained under section 136 of the Mental Health Act. This power allows a person to be taken from a public place to a place of safety if a police officer is concerned that the person may have a mental disorder and to be in immediate need of care or control. Once in the suite, the individual is assessed by mental health professionals to establish if treatment is needed. There is one section 136 suite with one designated room with a second room due to open in May 2019 at the same site.

The trust also provides a street triage service, 'The Retreat' and a recovery house. Street triage is an initiative where mental health professionals work alongside police officers to prevent people from inappropriate police custody or detention under section 136 of the Mental Health Act. The Retreat is a walk-in centre where mental health professionals and peer specialists provide informal support to people during the evening. The recovery house is an alternative to admitting a person into hospital, where a person may need support through the intensity of a crisis.

We inspected this service as part of our comprehensive inspection programme of mental health services. Our inspection took place between 30 May and 2 June 2019.

The Care Quality Commission last inspected the mental health crisis teams and health-based place of safety in November 2017 as part of a comprehensive inspection of Dorset Healthcare University NHS Foundation Trust. During that inspection we rated the service as requires improvement overall, with key questions, is the service safe and well-led as requires improvement. The key questions effective, caring and responsive were rated as good. At the November 2017 inspection, we told the trust it must:

- ensure that the premises used for patients detained under section 136 are fit for purpose and used in a safe way.
- ensure that the risks to health and safety of patients detained under section 136 are adequately assessed and mitigated.

Before the inspection, we reviewed information that we held and asked other organisations to share what they knew about the trust.

During the inspection visit, the team:

- visited both of the crisis resolution home treatment teams and the health-based place of safety as well as the Retreat
- spoke with the service lead for crisis resolution and psychiatric liaison
- spoke with two team leaders for the crisis teams

# Mental health crisis services and health-based places of safety

- interviewed nine members of staff including; doctors, junior doctors, nurses, support workers and peer specialists
- interviewed an acting Mental Health Legislation manager and Children and Adolescent Mental Health (CAMHS) service manager
- interviewed two managers from local authority approved mental health practitioner (AMHP) hubs, an AMHP, a manager from Bournemouth, Poole and Christchurch Out of Hours Service, a mental health coordinator from Dorset Police, and a criminal justice liaison and diversion service manager
- spoke with the health-based place of safety lead and a clinical bed manager
- spoke with eight patients from the crisis teams.
- observed one handover
- observed three home visits
- reviewed the medicines management at each crisis team
- reviewed 10 care records, including risk assessments for the crisis teams and eight care records for the health-based places of safety, and
- reviewed supervision and training records.

## Summary of this service

Our rating of this service improved. We rated it as good because:

- The service provided safe care. Clinical premises where patients were seen were safe and clean, and the physical environment of the health-based place of safety met the requirements of the Mental Health Act Code of Practice. The number of patients on the caseload of the mental health crisis teams, and of individual members of staff, was not too high to prevent staff from giving each patient the time they needed. Staff managed waiting lists well to ensure that patients who required urgent care were seen promptly. Staff assessed and managed risk well and followed good practice with respect to safeguarding.
- The mental health crisis service and the health-based place of safety were easy to access. Staff assessed patients promptly. Those who required urgent care were taken onto the caseload of the crisis teams immediately. Staff and managers managed the caseloads of the mental health crisis teams well. The services did not exclude patients who would have benefitted from care.
- Staff working in the mental health crisis teams developed holistic, recovery-oriented care plans informed by a comprehensive assessment and in collaboration with families and carers. Staff engaged in clinical audit to evaluate the quality of care they provided.
- The mental health crisis teams included or had access to a range of specialists required to meet the needs of the patients. Managers ensured that these staff received training, supervision and appraisal. Staff worked well together as a multidisciplinary team and with relevant services outside the organisation.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.
- Staff treated patients with compassion and kindness and understood the individual needs of patients. They actively involved patients and families and carers in care decisions.
- The service was well-led and the governance processes ensured that procedures ran smoothly.

# Mental health crisis services and health-based places of safety

## Is the service safe?

Good  

Our rating of safe improved. We rated it as good because:

- All clinical premises where patients received care were safe, clean, well equipped, well furnished, well maintained and fit for purpose. The physical environment of the health-based place of safety met the requirements of the Mental Health Act Code of Practice.
- The services had enough staff, who received basic training to keep patients safe from avoidable harm. The number of patients on the caseload of the mental health crisis teams was not too high to prevent staff from giving each patient the time they needed. Where there were vacancies in the team, cover was provided by bank staff.
- Staff assessed and managed risks to patients and themselves. They responded promptly to sudden deterioration in a patient's health. When necessary, staff working in the mental health crisis teams worked with patients and their families and carers to develop crisis plans. Staff followed good personal safety protocols.
- 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 working for the mental health crisis teams kept detailed records of patients' care and treatment. Records were clear, up to date and easily available to all staff providing care.
- The service used systems and processes to safely prescribe, administer and store medicines. Staff working for the mental health crisis teams regularly reviewed the effects of medications on each patient's physical health.
- The teams had a good track record on safety. The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the crisis teams and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.

However;

- Learning from incidents related to the health-based place of safety had not been disseminated to staff.

## Is the service effective?

Good   

Our rating of effective stayed the same. We rated it as good because:

- Staff assessed the mental health needs of all patients. Staff working for the mental health crisis teams worked with patients and families and carers to develop individual care plans and updated them when needed. Care plans reflected the assessed needs, were personalised, holistic and recovery-oriented.
- Staff working for the mental health crisis teams provided care and treatment interventions that were informed by best practice guidance and suitable for the patient group. They ensured that patients had good access to physical healthcare.

# Mental health crisis services and health-based places of safety

- Staff working for the mental health crisis teams used recognised rating scales to assess and record severity and outcomes. Staff working for the crisis teams and in the health-based places of safety participated in clinical audit, benchmarking and quality improvement initiatives.
- The mental health crisis teams included or had access to the full range of specialists required to meet the needs of patients under their care. Managers made sure that staff had a range of skills needed to provide high quality care. They supported staff with appraisals, supervision and opportunities to update and further develop their skills. Managers provided an induction programme for new staff.
- 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 teams had effective working relationships with other relevant teams within the organisation and with relevant services outside the organisation.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Health Act Code of Practice.
- Patients had access to psychological therapy through staff who were trained in therapies such as Dialectical Behaviour Therapy (DBT) and Behavioural Family Intervention (BFI), however there was a long waiting list to access a clinical psychologist.

However,

- Staff who covered shifts at the health based place of safety had not received supervision for their role at the time of inspection.
- Although staff supported patients to make decisions on their care for themselves, they were not recording capacity clearly for patients who might have impaired mental capacity.

## Is the service caring?

Good  → ←

Our rating of caring stayed the same. We rated it as good because:

- Staff treated patients with compassion and kindness. They understood the individual needs of patients and supported patients to understand and manage their care, treatment or condition.
- Staff in the mental health crisis teams 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 advocates when needed.
- Staff informed and involved families and carers appropriately.

## Is the service responsive?

Good  → ←

Our rating of responsive stayed the same. We rated it as good because:

# Mental health crisis services and health-based places of safety

- The mental health crisis service was available 24-hours a day and was easy to access – including through a dedicated crisis telephone line. The referral criteria for the mental health crisis teams did not exclude patients who would have benefitted from care. Staff assessed and treated patients promptly. Staff followed up patients who missed appointments.
- The health-based place of safety were available when needed and there was an effective local arrangement for patients who were detained under Section 136 of the Mental Health Act. Section 12-approved doctors and approved mental health professionals attended promptly during office hours.
- The services met the needs of all patients who use the service – including those with a protected characteristic. Staff helped patients with communication, advocacy and cultural support.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.

However:

- Mental Health Act assessments during the night at the place of safety had been delayed whilst waiting for a second Section 12-approved doctor. In January 2019, 59% of patients waited longer than 3 hours before a Mental Health Act assessment was completed, which increased to 61% within the month of February. The unavailability of a doctor and/or AMPH accounted for 11 out of 26 cases in January and 28 cases out of 33 cases in February 2019. Although assessments were being completed in a timely manner during the day, they were being delayed at night whilst waiting for a second Section 12-approved doctor. Though this is not a requirement under the MHA, it is a local agreement between the trust and the local authority.

## Is the service well-led?

Good  

Our rating of well-led improved. We rated it as good because:

- Leaders had the skills, knowledge and experience to perform their roles, had a good understanding of the services they managed, and were visible in the service and approachable for patients and staff.
- Staff knew and understood the provider's vision and values and how they were applied in the work of their team.
- Staff felt respected, supported and valued. They reported that the provider promoted equality and diversity in its day-to-day work and in providing opportunities for career progression. They felt able to raise concerns without fear of retribution.
- Our findings from the other key questions demonstrated that governance processes operated effectively at team level and that performance and risk were managed well.
- Teams had access to the information they needed to provide safe and effective care and used that information to good effect.
- Staff collected and analysed data about outcomes and performance and engaged actively in local audits.
- There were effective, multi-agency arrangements to agree and monitor the governance of the mental health crisis service and the health-based places of safety. Managers of the service worked actively with partner agencies (including the police, ambulance service, primary care and local acute medical services) to ensure that people in the area received help when they experienced a mental health crisis; regardless of the setting.

# Mental health crisis services and health-based places of safety

## Areas for improvement

We found areas for improvement in this service. See the Areas for Improvement section above.

# Acute wards for adults of working age and psychiatric intensive care units

Good   

## Key facts and figures

Dorset Healthcare University NHS Trust provides care and treatment for adults aged 18 to 65 who need to be in hospital for their mental health problems. It has a total of 103 beds over six wards, based across three hospital sites throughout Dorset.

Seaview ward is a mixed-gender assessment unit and provides an acute pathway with 14 beds. Situated at the St Anne's Hospital in Poole, this is where patients are first admitted for an initial assessment of their needs and treatment options, and then transferred to the appropriate acute or PICU unit.

Chine ward (previously named Dudsbury ward) is a female acute ward at St Anne's Hospital in Poole, with 17 beds.

Harbour ward is a male acute ward at St Anne's Hospital in Poole, with 16 beds.

Haven ward is a PICU ward at St Anne's Hospital in Poole which is split into a five-bedded female and seven bedded male unit.

Waterston is a mixed-gender assessment unit with 14 beds. It is based at the Forston Clinic in Dorchester. This is where patients are first admitted for an initial assessment of their needs and treatment options, and then transferred to the appropriate acute or PICU unit.

Linden Unit is a mixed-gender acute unit based at the Westhaven Hospital in Weymouth, with 15 beds.

The previous comprehensive inspection of this core service took place in November 2017. Following that inspection, we rated the trust as good overall, with a rating of good in all domains except safe which we rated as requires improvement.

During that inspection we told the provider they **MUST** take the following action to improve:

- The provider must take steps to ensure that risks with the environment, including ligature risks, are effectively mitigated.
- The provider must address the safety issues presented with sharing bedrooms.

This inspection was undertaken as part of our comprehensive programme of inspections. The inspection was announced which meant staff knew we were coming.

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

During the inspection, the inspection team:

- visited all six wards at the three hospital sites, looked at the quality of the ward environment and observed how staff were caring for patients
- spoke with 13 patients who were using the service
- spoke with one carer of a patient who were using the service
- spoke with six ward managers or acting ward managers

# Acute wards for adults of working age and psychiatric intensive care units

- interviewed 33 staff including consultants, ward doctors, staff nurses, healthcare assistants, psychologists, occupational therapists, assistant occupational therapists, social workers, administrative staff and a volunteer staff
- reviewed 45 care records of patients
- reviewed 62 patient medication charts
- reviewed seven seclusion records
- attended various ward activities including handovers, clinical review meetings, and patient activity groups
- carried out a specific check of the medication management on all the wards
- looked at policies, procedures and other documents relating to the running of the service

## Summary of this service

Our rating of this service stayed the same. We rated it as good because:

- The service provided safe care and the ward environments were safe and clean. The wards had enough nurses and doctors. Staff assessed and managed risk well. They minimised the use of restrictive practices and followed good practice with respect to safeguarding.
- During our previous inspection we identified many ligature risks across the wards which had not been identified or mitigated effectively. During this inspection we found that ligature risks had been addressed and managed. The large garden was labelled as 'yellow' which meant patients had to request outside access due to increased risk. If individual patients' risks were low they could access the garden on their own, but staff would accompany other patients as needed.
- Staff developed holistic, recovery-oriented care plans informed by a comprehensive assessment. They provided a range of treatments suitable to the needs of the patients and in line with national guidance about best practice. Staff engaged in clinical audit to evaluate the quality of care they provided.
- The ward teams included or had access to the full range of specialists required to meet the needs of patients on the wards. Managers ensured that these staff received training, supervision and appraisal. The ward staff worked well together as a multidisciplinary team and with those outside the ward who would have a role in providing aftercare.
- Staff understood and discharged their roles and responsibilities under the Mental Health Act 1983.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and understood the individual needs of patients. They actively involved patients and families and carers in care decisions.
- The service was well-led and the governance processes ensured that ward procedures ran smoothly. Leaders were visible on the wards and knew the patients well. Leaders were innovative, and where challenges presented themselves leaders were resilient and able to make positive changes.

However:

- Staff did not always ensure emergency medicines were consistently checked. We raised this at the time of the inspection and this was rectified immediately.



# Acute wards for adults of working age and psychiatric intensive care units

- When patients were transferred to the seclusion suite on Haven ward from the other wards at St Ann`s hospital, they were escorted through the female corridor on Haven ward. The staff knew this could potentially compromise privacy and dignity at times and staff managed this very well. The trust monitored this each occasion that a patient had to be transferred through this route. This was due to the layout of the ward, and no alternative access was available.
- Sometimes beds were used when patients went on leave and there were no beds for them on their return. The trust told us they were working hard to secure additional estates to create more beds to address this.
- Patient accommodation on Chine ward was composed of shared accommodation. However, staff used good relational security, observations and risk assessments to keep patients safe (relational security is the knowledge and understanding that staff have of a patient and of the environment) and if a patient was assessed as high risk they would be admitted to a single room where possible.

## Is the service safe?

Good  

Our rating of safe improved. We rated it as good because:

- All wards were safe, clean, well equipped, well-furnished and well maintained.
- The service had enough nursing and medical staff, who knew the patients and had received basic training to keep patients safe from avoidable harm.
- Staff assessed and managed risks to patients and themselves well and followed best practice in anticipating, de-escalating and managing challenging behaviour. Staff used restraint and seclusion only after attempts at de-escalation had failed. The ward staff participated in the provider`s restrictive interventions reduction programme.
- 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 had easy access to clinical information and it was easy for them to maintain good quality clinical records – whether paper-based or electronic.
- The wards had a good track record on safety. 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. When things went wrong, staff apologised and gave patients honest information and suitable support.

However:

- Staff did not always ensure emergency medicines were consistently checked and there was no oversight from managers ensuring these checks were completed. We raised this at the time of the inspection and the trust rectified this.
- The seclusion suite at Haven ward did not have suitable facilities to enable effective two-way communication between staff and patient who were in seclusion. Communication between staff and patients who were secluded was through the door. This is not in line with guidance of Mental Health Act Code of Practice (2015). However, an intercom had been ordered.

# Acute wards for adults of working age and psychiatric intensive care units

## Is the service effective?

Good   

Our rating of effective stayed the same. We rated it as good because:

- Staff assessed the physical and mental health of all patients on admission. They developed individual care plans, which they reviewed regularly through multidisciplinary discussion and updated as needed. Care plans reflected the assessed needs, were personalised, holistic and recovery-oriented.
- Staff provided a range of care and treatment interventions suitable for the patient group and consistent with national guidance on best practice. They ensured that patients had good access to physical healthcare and supported patients to live healthier lives.
- Staff used recognised rating scales to assess and record severity and outcomes. They also participated in clinical audit, benchmarking and quality improvement initiatives.
- The ward teams included or had access to the full range of specialists required to meet the needs of patients on the wards. Managers made sure they had staff with a range of skills need to provide high quality care. They supported staff with appraisals and opportunities to update and further develop their skills. Managers provided an induction programme for new staff.
- 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 teams had effective working relationships with other relevant teams within the organisation and with relevant services outside the organisation.
- 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.

However:

- Although staff told us they had regular supervision, there no effective system in place to capture and document these supervision meetings took place.

## Is the service caring?

Good   

Our rating of caring stayed the same. We rated it as good because:

- Staff treated patients with compassion and kindness. They understood the individual needs of patients and supported patients to understand and manage their care, treatment or condition. We observed positive, patient centred interactions between all staff and patients.
- Staff involved patients in all aspects of care planning and risk assessment wherever possible and actively sought their feedback on the quality of care provided. They ensured that patients had easy access to independent advocates.
- Patients' emotional and spiritual needs were addressed, along with their mental and physical healthcare needs. The introduction of the 'my wellbeing' care plan allowed patients and carers to have a consistent voice in their care and treatment.

# Acute wards for adults of working age and psychiatric intensive care units

- There were welcome packs for patients and carers. This included an introduction to the ward, legal information and any information on medicines that may be relevant to the patient.
- Staff informed and involved families and carers appropriately. Patients spoke highly of the staff teams and told us they were treated very well.

## Is the service responsive?

Good ● → ←

Our rating of responsive stayed the same. We rated it as good because:

- The design, layout, and furnishings of the ward/service supported patients' treatment, privacy and dignity. Patients could keep their personal belongings safe or in locked storage if they chose to do so. There were quiet areas for privacy.
- The food was of a good quality and patients could make hot drinks and snacks at any time.
- The service met the needs of all patients who used the service – including those with a protected characteristic. Staff helped patients with communication, advocacy and cultural and spiritual support.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with the whole team and the wider service.

However;

- Sometimes patients' beds were used on Harbour ward when they went on leave and there were no beds for them on their return. This put extra pressure on the acute wards. The trust had plans to create more beds to address this.
- When patients were transferred to the seclusion suite on Haven ward from the other wards at St Ann`s hospital they were escorted through the female corridor on Haven ward. Staff knew this could potentially compromise privacy and dignity at times although staff managed this very well. This was due to the layout of the ward and no alternative access were available.

## Is the service well-led?

Good ● → ←

Our rating of well-led stayed the same. We rated it as good because:

- Leaders had the skills, knowledge and experience to perform their roles, had a good understanding of the services they managed, and were visible in the service and approachable for patients and staff.
- Staff knew and understood the provider's vision and values and how they were applied in the work of their team.
- Staff felt respected, supported and valued. They reported that the provider promoted equality and diversity in its day-to-day work and in providing opportunities for career progression. They felt able to raise concerns without fear of retribution.
- Our findings from the other key questions demonstrated that governance processes operated effectively at ward level and that performance and risk were managed well.

# Acute wards for adults of working age and psychiatric intensive care units

- Ward teams had access to the information they needed to provide safe and effective care and used that information to good effect. Staff engaged actively in local and national quality improvement activities.

However:

- Managers did not always ensure medicine management checks were completed.
- There was still shared accommodation on Chine ward but the senior leadership in the trust knew the importance of eradicating dormitory accommodation as urgently as possible. Bedrooms and shared accommodation did have lockable storage facilities for clothing and possessions and the provider had taken action to mitigate the adverse effects of privacy or safety. Capital funding had been secured with a plan in place to remove all shared accommodation.

## Areas for improvement

We found areas of improvement in this service. See the areas for improvement section above.

# Wards for older people with mental health problems

Good   

## Key facts and figures

Dorset Healthcare University NHS Foundation Trust has four wards for older people with mental health problems, located on three different sites. These wards provide care for patients who are aged over 65 and require hospital admission for their mental health problems.

Alumhurst ward is situated in St Ann's hospital and is a 20-bedded mixed sex ward for older people with functional mental health issues.

St Brelades and Herm wards are located on the Alderney Hospital site. St Brelades is a 17-bedded male ward for older people with organic mental health problems and Herm Ward is a 23-mixed sex ward for older people with organic mental health problems.

Melstock House is located at the Forston clinic. It is a 12-bedded mixed sex ward for older people with acute mental health problems.

At the last inspection in September 2016, this service was rated as good overall with requires improvement in the safe domain.

This inspection was part of comprehensive programme of inspections. The inspection was unannounced (the trust knew we were coming).

As part of our inspection of this service we inspected all four wards:

- Alumhurst Ward, St Ann's Hospital
- Herm Ward, Alderney Hospital
- Melstock House, Forston Clinic
- St Brelades, Alderney Hospital

We inspected all five key questions, safe, effective, caring, responsive and well-led.

During the inspection visit, the inspection team:

- visited four wards
- interviewed four ward managers and one matron
- spoke with 30 staff members, including staff nurses, support workers, consultant psychiatrists, special registrars, ward clerks, occupational therapists, clinical team leaders and student nurses
- carried out a check of four clinic rooms
- reviewed 20 medical records
- reviewed 21 care records
- spoke with 15 patients and carers
- observed four handovers, two multi-disciplinary team meetings, patient activities and staff interactions with patients

# Wards for older people with mental health problems

- reviewed policies and procedures, meeting minutes, training and supervision records and audits.

## Summary of this service

Our overall rating of the service stayed the same. The rating for safe improved from requires improvement to good and the rating for caring improved from good to outstanding.

We rated it as good because:

- The service provided safe care. Staff assessed and managed risk well. They minimised the use of restrictive practices and followed good practice with respect to safeguarding.
- Staff developed holistic, recovery-oriented care plans informed by a comprehensive assessment. They provided a range of treatments suitable to the needs of the patients and in line with national guidance on best practice. Staff engaged in clinical audit to evaluate the quality of care they provided.
- The teams included or had access to the full range of specialists required to meet the needs of patients on the wards. Managers ensured that staff received training and appraisal. The staff worked well together as a multidisciplinary team and with those outside the ward who would have a role in providing aftercare.
- Staff understood and discharged their roles and responsibilities under the Mental Health Act 1983.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and understood the individual needs of patients. They actively involved patients, families and carers in care decisions.
- Herm and St Brelades wards had been awarded the Gold Standard Framework accreditation due to their excellence in end of life care. These wards were the first older people mental health wards in the country to be awarded this. The service met high standards of patient and carer involvement, meeting the wishes of the patients and providing peace of mind to carers and patients.
- The service met all the needs of patients, including those under protected characteristics. Staff treated complaints and concerns seriously and investigated appropriately. Lessons were learned and shared across the teams.
- The service was well-led and the governance processes ensured that service procedures ran smoothly. Leaders were visible on the wards and knew the patients well. Leaders were innovative, and where challenges presented themselves leaders were resilient and able to make positive changes.

However:

- The garden at Herm and St Brelades had presented a hazard, so staff did not allow patients to use it. They had made requests to have the garden maintained but this had not been completed at the time of the inspection. We raised this with the trust leadership team who took immediate action to prioritise this. The lounge at Herm ward was not dementia friendly and patients did not always have their own bedrooms on Alumhurst ward, and there was limited private space for patients. The trust was aware of these issues and looking to eradicate shared sleeping arrangements and improve access to private space in the longer term.
- The service did not always have enough nurses and doctors available. There were problems with the recruitment of registered nurses, particularly on night shifts, and doctors were not always immediately available out of hours.
- Staff did not always manage medicines robustly. There were some missing checks of controlled drugs and emergency medications and gaps in the auditing process of medications on some wards. The trust did however provide assurance that systems were being improved and new electronic prescribing would rectify these issues.

# Wards for older people with mental health problems

- Female patient accommodation on Alumhurst ward was composed of shared accommodation. Bedrooms and shared accommodation did have lockable storage facilities for clothing and possessions and the provider had taken action to mitigate the adverse effects of privacy or safety. Capital funding had been secured with a plan in place to remove all shared accommodation.

## Is the service safe?

Good  

Our rating of safe improved. We rated it as good because:

- The services were well equipped and generally well furnished.
- The service had healthcare support workers, therapy, nursing and medical staff who knew the patients and understood how to protect them from abuse. The teams worked well with other agencies around safeguarding.
- Staff assessed and managed risks well and followed best practice in anticipating, de-escalating and managing challenging behaviour. Staff used restraint and seclusion only after attempts at de-escalation had failed. The staff participated in the provider's restrictive interventions reduction programme.
- The use of rapid tranquilisation and PRN (as required) medications was low due to the good use of verbal de-escalation. Staff teams demonstrated good practice around use of observations to mitigate risk around potential ligature points and blind spots.
- Staff had access to clinical information and it was easy for them to maintain high quality clinical records, whether paper-based or electronic. The service used systems and processes to prescribe, store and administer medicines.
- Staff regularly reviewed the effects of medication on the physical health of patients. The service had a good track record on safety and managed safety incidents well. 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.

However:

- The outside area at Herm and St Brelades was not dementia friendly at the time of inspection. The garden presented a hazard, so staff did not allow patients to use it. They had made requests to have the garden maintained but this had not been done. We raised this with the trust during the inspection who took immediate action to rectify the problems. In addition, the female lounge on Herm ward was not fit for use, and was not being used at the time of the inspection, due to unsanitary conditions. We raised this with the trust during the inspection and took immediate action to rectify the problems.
- Not every ward had a dedicated female-only lounge. There was no requirement for a female only lounge at Melstock ward as the building was in use prior to 2000, however it would be good practice.
- Weekly or monthly medication checks, such as controlled drug stock checks or emergency trolleys stock and expiry date checks, were not completed consistently. We were told following the inspection that audit systems had already improved and the imminent electronic prescribing system would also negate these issues.

## Is the service effective?

Good   

# Wards for older people with mental health problems

Our rating of effective stayed the same. We rated it as good because:

- Staff assessed the physical and mental health of all patients on admission. They developed individual care plans, which they reviewed regularly through multidisciplinary discussion and updated as needed. Care plans reflected the patient's assessed needs, were personalised, holistic and recovery-oriented.
- Staff provided a range of care and treatment interventions suitable for the patient group and consistent with national guidance on best practice. They ensured that patients had good access to physical healthcare and supported patients to live healthier lives.
- Staff used recognised rating scales to assess and record severity and outcomes. They also participated in clinical audit, benchmarking and quality improvement initiatives.
- The ward teams included or had access to the full range of specialists required to meet the needs of patients on the wards. Managers made sure they had staff with a range of skills needed to provide high quality care. They supported staff with appraisals and opportunities to update and further develop their skills. Managers provided an induction programme for new staff.
- 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 teams had effective working relationships with other relevant teams within the organisation and with relevant services outside the organisation.
- 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 explained patients' rights to them.

However:

- There were a number of occasions when staff had not always assessed and recorded mental capacity issues clearly. When best interest decisions were made, these were not always recorded and it was not always possible to determine if patients had been consulted with or attempts made to consult them. The rationale for the best interest decision was not always recorded. This included when staff had implemented a do not attempt resuscitation (DNAR) for a patient with fluctuating capacity.

## Is the service caring?

**Outstanding** ☆ ↑

Our rating of caring improved. We rated it as outstanding because:

- Patients' who used the services and those close to them were active partners in their care where possible. Staff were fully committed to working in partnership with people and making this a reality for each patient.
- Staff treated patients with exceptional 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. We observed positive, patient centred interactions between all staff and patients.
- Herm and St Brelades had recently been awarded the Gold Standard Framework accreditation. This made these wards the first older people mental health wards in the country to earn this accreditation. The Gold Standard Framework is a leading training provider in end of life care and commended the wards on the difference they made to patients' lives. The accreditation panel found that patients received care how and where they wanted it, and that relatives had peace of mind.



# Wards for older people with mental health problems

- Staff involved patients in all aspects of care planning and risk assessment wherever possible and actively sought their feedback on the quality of care provided. They ensured that patients had easy access to independent advocates.
- Patients emotional and spiritual needs were addressed, along with their mental and physical healthcare needs. The introduction of the 'my wellbeing' care plan allowed patients and carers to have a consistent voice in their care and treatment.
- There were welcome packs for patients and carers. This included an introduction to the ward, legal information and any information on medicines that may be relevant to the patient.
- There were noticeboards on the wards that showed physical healthcare concerns that may be relevant to the patient group. For example, on Alumhurst there was a condition of the month board, with the topic at time of inspection being bowel cancer. This provided information and contacts should patients be concerned.
- Staff took excellent initiative in implementing best practice for patient care. This was always done with patient experience at the centre. For example, the use of therapeutic interventions on Herm ward had been published in a medical journal. This described how the use of therapeutic intervention had led to a significant decrease in violence and aggression in patients, and thereby a reduction in physical interventions.
- Staff informed and involved families and carers appropriately. Patients spoke highly of the staff teams and told us they were treated very well.

## Is the service responsive?

Good ● → ←

Our rating of responsive stayed the same. We rated it as good because:

- Staff kept patients informed if there were delays around discharge. When discharge was delayed for non-clinical reasons, this was due to the patient being unable to access their next placement or a package of care.
- There was good physical healthcare practice. The service used rotation where general nurses with a physical healthcare background performed shifts on the mental health wards and the mental health nurses performed shifts on the physical health wards. This meant that both nurses gained valuable insight and experience in mental and physical healthcare that they transferred to their own wards so benefiting patients.
- The food was of a good quality and patients could make hot drinks and snacks at any time.
- The service met the needs of all patients who used the service, including those with a protected characteristic. Staff helped patients with communication, advocacy and cultural and spiritual support.
- Staff treated concerns and complaints seriously, investigated them and learned lessons from the results. Any lessons learned were shared these with the whole team and the wider service.

However:

- A bed was not always available when needed due to a high demand for beds. There had been some inappropriate placements on the wards, due to the wards not having control over bed management. Incidents had occurred as a direct consequence of inappropriate placements.
- On Alumhurst ward each patient did not have their own bedroom with an en-suite bathroom. The senior leadership in the trust knew the importance of eradicating dormitory accommodation as urgently as possible.

# Wards for older people with mental health problems

- On Melstock we were told patients were sometimes asked to leave one of the lounges in order for staff to have team meetings, as there was no other space for this, however the trust were looking at ways to create more space on the ward.

## Is the service well-led?

Good   

Our rating of well-led stayed the same. We rated it as good because:

- Leaders had the skills, knowledge and experience to perform their roles. They had a good understanding of the services they managed. Leaders were visible in the service and approachable for patients and staff.
- Staff knew and understood the provider's vision and values and how they were applied in the work of their team.
- Staff felt respected, supported and valued. They reported that the provider promoted equality and diversity in its day-to-day work and in providing opportunities for career progression. They felt able to raise concerns without fear of retribution.
- Generally, governance processes operated effectively at ward level and that performance and risk were managed well.
- Teams had access to the information they needed to provide safe and effective care and used that information to good effect.
- Staff engaged actively in local and national quality improvement activities.

However:

- There were gaps in some governance process. For example, some audits were not robust, particularly around medicines management. The checks for controlled drugs and emergency medications were not conducted consistently.
- Patient accommodation on Alumhurst ward was composed of shared accommodation. Bedrooms and shared accommodation did have lockable storage facilities for clothing and possessions and the provider had taken action to mitigate the adverse effects of privacy or safety. Capital funding had been secured with a plan in place to remove all shared accommodation.

## Outstanding practice

We found a number of examples of outstanding practice in this service. See the outstanding practice section above.

## Areas for improvement

We found areas for improvement in this service. See the Areas for Improvement section above.

# Our inspection team

Karen Bennett- Wilson, Head of Hospital Inspection for South West Mental Health chaired this inspection and Sue Bourne, Inspection Manager led it. Executive reviewers supported our inspection of well-led for the trust overall.

The team included inspectors, executive reviewers and specialist advisers.

Executive reviewers are senior healthcare managers who support our inspections of the leadership of trusts. Specialist advisers are experts in their field who we do not directly employ.