

# The Dene

## Quality Report

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This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from patients, the public and other organisations

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

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

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

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

### Overall summary

- The three wards we visited (Michael Shepherd, Wendy Orr and Amy Johnson) had made improvements with physical health care of patients since the previous inspection.
- The hospital had a practice nurse in post to review physical health care across the hospital.
- All staff had completed mandatory training.
- Staff monitored patients' physical health daily. All staff, including healthcare assistants, were trained to complete physical observations.
- Patients reported staff listened to them and involved them in their care planning.
- Care plans were holistic, person centred and recovery focused. Staff completed assessments within appropriate timescales.
- There were good medicines management processes in place and good links with the pharmacy service that provided medicines for the hospital.
- The hospital was 100% compliant with CQUIN (Commissioning for Quality and Innovation) for physical health care.

# Summary of findings

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# The Dene

## Services we looked at

Forensic inpatient/ secure wards and acute wards for adults of working age and psychiatric intensive care units.

Both are reported under the same core service heading for this report.

# Summary of this inspection

## Our inspection team

The team was comprised of one inspector and one inspection manager.

## Why we carried out this inspection

We inspected this service to follow up on enforcement action taken in March 2016 regarding concerns around how the service was meeting patients' physical health care needs. The enforcement action was taken as a result of a previous inspection.

## How we carried out this inspection

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

During the inspection visit, the inspection team:

- visited three of the wards at the hospital and looked at the quality of the ward environment and observed how staff were caring for patients
- spoke with three patients who were using the service
- spoke with the managers or acting managers for each of the three wards
- spoke with 11 other staff members; including nurses and occupational therapists
- interviewed the hospital director with responsibility for these services
- looked at 13 care records of patients.
- looked at a range of policies, procedures and other documents relating to the running of the service.

## Information about The Dene

The Dene is an independent hospital run by Partnerships in Care Limited, based in West Sussex. It takes referrals from anywhere within the country. The Dene is registered to provide the following regulated activities: assessment or medical treatment for persons detained under the Mental Health Act 1983; treatment of disease, disorder or injury; and diagnostic and screening procedures.

The Dene provides medium and low secure services for females and inpatient services for women and men with high dependency needs (a high dependency unit). They also provide an acute service for men and an inpatient service for women with high dependency needs (a high dependency unit).

At the time of our inspection there were six wards in use: Amy Johnson ward - a 12 bed female medium secure ward; Elizabeth Anderson ward - a 16 bed female medium secure ward; Michael Shepherd ward - a 16 bed female low secure ward; Edith Cavell ward - an 18 bed male acute mental health ward; Helen Keller ward - a 12 bed female high dependency acute mental health ward; Wendy Orr ward - an eight bed male high dependency acute mental health ward.

There is a registered manager in post to oversee the operation of the service.

# Summary of this inspection

## What people who use the service say

We spoke with three patients using the service. They were all very positive about the care and support they received. Patients spoke of staff being available when they needed to speak with them and their listening to

them. Patients spoke of being involved in care plans and meeting with their named nurse. Patients enjoyed the activities provided and felt the support they received was individualised to them and helping them move on.

# Summary of this inspection

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Are services safe?

- All wards were single gender and so complied with guidance on same sex accommodation.
- Nurses carried personal alarms at all times on the wards to alert and seek assistance if required.
- The hospital had vacancies for 41 nurses and 23 health care assistants at the time of the inspection. The hospital covered vacancies with agency and locum staff, some of these on a long term contract to provide consistency.
- All staff had received safeguarding training and were aware of the process for making a referral to the local authority.

Staff completed thorough risk assessments for all patients. Staff updated risk assessments regularly. Risk assessments included information on patients' physical health care and the staff had reflected risk assessments in patients' care plans.

### Are services effective?

- The hospital had employed a part-time Registered General Nurse to lead on the care of physical health needs.
- Staff used a variety of assessment tools to support physical health needs, including national early warning score (NEWS), the Waterlow pressure area risk assessment tool and a head injury assessment form.
- The hospital had service level agreements with a pharmacist, dental practice, dressing suppliers and GP surgery.
- Weekly GP surgeries took place at the hospital.
- The multidisciplinary team comprised nursing staff, healthcare assistants, psychologists, social workers, occupational therapists and medical staff.
- All staff had received training in the Mental Health Act and Code of Practice. Patients had access to advocacy and we saw leaflets and posters with details of the local advocacy service.
- Staff had good working relationships with external agencies including local authorities and community mental health services.

# Detailed findings from this inspection

## Mental Health Act responsibilities

We do not rate responsibilities under the Mental Health Act 1983. We use our findings as a determiner in reaching an overall judgement about the Provider.

We did not assess the use of the Mental Health Act on this inspection.

All staff had received training in the Mental Health Act and Code of Practice and patients had access to advocacy.

## Mental Capacity Act and Deprivation of Liberty Safeguards

We did not assess the use of the Mental Health Act on this inspection.

All staff had received training in the Mental Capacity Act and Deprivation of Liberty Safeguards.

# Forensic inpatient/secure wards

Safe

Effective

## Are forensic inpatient/secure wards safe?

### Safe and clean environment

- Ward areas we visited were clean, well maintained and well organised.
- All wards were single gender and so complied with guidance on same sex accommodation.
- Nurses carried personal alarms at all times on the wards to alert and seek assistance if required. Patients' had on call access to nursing staff via call systems in their rooms and around the wards.
- There were sufficient staff to observe all areas of the ward, reducing risk of patient harm or injury. We observed that staff spent time on the wards with patients and were responsive to their needs.
- Staff completed infection control training.

### Safe staffing

- The hospital had vacancies for 41 nurses and 23 health care assistants at the time of the inspection. The hospital had run open days in an attempt to recruit more nursing staff and acknowledged staffing levels were a concern.
- The hospital relied on agency and locum staff to cover shifts. Some agency staff were contracted on a long term basis to provide consistency to the hospital. Where the wards were using locum staff they used the same staff where possible to allow staff to understand ward procedures and to become familiar with the patients.
- Shifts throughout the day were always covered and staff rarely had to cancel planned leave or ward activities due to insufficient staff.
- There were sufficient staff to allow patients to have regular 1:1 time with their named nurse.
- All staff on the wards were able to complete physical health checks. Health care assistants could carry out patient blood tests and electrocardiograms (ECG)s.
- The charge nurse for each ward would arrange cover for the forthcoming week on a Monday and the weekend on a Friday. This practice ensured that shifts were always covered in advance.

- Staff had received mandatory training. The staff training matrix showed that 100% of all staff, including bank staff, had completed mandatory training.

### Assessing and managing risk to patients and staff

- Staff completed thorough risk assessments for all patients. Staff updated risk assessments regularly. Risk assessments included information on patients' physical health care and the staff had reflected risk assessments in patients' care plans.
- All staff had received safeguarding training and were aware of the process for making a referral to the local authority. Our records demonstrate that safeguarding concerns are reported promptly by The Dene staff so that the local authority can consider further action in a timely way.
- One care record we reviewed showed the use of rapid tranquilisation. Staff had clearly documented the plan for this and had completed physical observations in line with National Institute for Health and Care Excellence (NICE) guidelines to ensure that the patient was kept safe.
- There were good medicines management processes in place and good links with the pharmacy service that provided medicines for the hospital.
- Staff reviewed and discussed the use of seclusion at each staff handover. This meant that patients were not kept in seclusion longer than necessary and staff understood the reasons for using seclusion.
- All staff were trained in the management of violence and aggression, although staff reported using talking de-escalation techniques prior to the use of physical restraint methods.

### Reporting incidents and learning from when things go wrong

- Staff demonstrated an understanding of what to report and how to report incidents.
- Staff discussed incidents at team meetings. Physical health care practices had improved following incidents and there was a practice nurse in post at the hospital.
- Staff reported that learning was shared across all wards at the hospital.



# Forensic inpatient/secure wards

## Are forensic inpatient/secure wards effective? (for example, treatment is effective)

### Assessment of needs and planning of care

- We looked at 13 patient care records. Care plans were holistic, up to date and recovery oriented.
- Staff completed assessments within appropriate timescales. When patients were agitated or not able to be involved in the assessment staff waited until a more suitable time.
- Staff stored information securely within electronic recording systems and within paper files. Staff could access information as needed in either system.

### Best practice in treatment and care

- We saw evidence of comprehensive physical health checks on the wards we visited. Physical health checks included blood pressure, height, weight, pulse, check for diabetes and other health conditions. A practice nurse for the hospital was completing physical health reviews on patients across the hospital.
- Staff used a variety of assessment tools when appropriate including national early warning score (NEWS), the Waterlow pressure area risk assessment tool and a head injury assessment form. The information gained from these was used to formulate individual care plans for patients.
- Michael Shephard ward had an occupational therapist who worked with patients on discharge planning to include future training, education, housing, employment and benefits.
- Patients had access to psychological therapies.
- Staff had used National Institute for Health and Care Excellence (NICE) guidelines to reference and evidence physical health care plans. Examples of this included pressure ulcer prevention and management, and head injury and early management guidelines.
- Staff used the Glasgow Coma Scale after any incident of patients banging their head as a form of self harm.
- Patients with physical health issues had separate care plans for each condition.
- Patients had access to diabetic clinics, continence nurses, retina screening and dentistry. The hospital had service level agreements with a pharmacist, dental practice, dressing supplier and GP surgery.

- Staff on Wendy Orr ward completed daily physical health observations on all patients. This daily monitoring had enabled staff to observe abnormalities in physical health care which had resulted in patients receiving appropriate treatment at a nearby general hospital. Staff recorded the observations in patient files.
- All staff on the wards were able to complete physical health checks. Health care assistants could carry out patient blood tests and electrocardiograms (ECG).
- The hospital was 100% compliant with CQUIN (Commissioning for Quality and Innovation) for physical health care.
- Nursing staff used the Lester Tool to help staff make assessments of patients' cardiac and metabolic health. The Lester Tool is a summary poster to guide health workers to assess the cardio metabolic health of people experiencing psychosis and schizophrenia, enabling staff to deliver safe and effective care to improve the physical health of mentally ill people.

### Skilled staff to deliver care

- Hospital managers' had recruited a part-time practice nurse for the hospital who was leading on patients' physical health care, they were supported by an assistant nurse practitioner. The nurse was reviewing all physical health care plans and developing these for each patients' physical health condition. This ensured that patients physical health needs were being met and the staff on each ward was aware of the individual care plan for each patient.
- The staff team included nurses, health care assistants, social workers, occupational therapists and psychologists. Staff at the hospital had access to a local tissue viability nurse and there was a contract in place for a GP to visit weekly.
- Staff had established good links with a local pharmacy service and there was a good system in place for ordering medicines.

### Multidisciplinary and interagency team work

- Staff completed a daily morning handover to pass on issues of patient risk and progress. Handovers were comprehensive and included patients' physical health, safeguarding concerns, staffing levels, patient

# Forensic inpatient/secure wards

observation levels and reviews of any seclusion or segregation. Staff recorded minutes of these meetings and typed and e-mailed them to the hospital director daily.

- The multidisciplinary team comprised nursing staff, healthcare assistants, psychologists, social workers, occupational therapists and medical staff. There were regular team meetings on the wards involving staff from the full multidisciplinary team.
- Staff had good working relationships with external agencies including local authorities and community mental health services. Some patients were subject to Ministry of Justice orders. Staff on the ward demonstrated effective communication and relationships with the Ministry of Justice.