

Requires improvement

Dorset Healthcare University NHS Foundation Trust

Wards for older people with mental health problems

Quality Report

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Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/unit/team)	Postcode of service (ward/unit/team)
RDY22	Alderney Hospital	Herm Ward, St Brelades Ward	BH12 4NB
RDY10	St Ann's hospital	Alumhurst Ward	BH13 7LN
RDYX8	Weymouth community Hospital	Chalbury Unit	DT4 7TB
RDYEW	Forston Clinic	Melstock House	DT2 9TB

This report describes our judgement of the quality of care provided within this core service by Dorset Healthcare University Hospitals NHS Foundation trust. Where relevant we provide detail of each location or area of service visited.

Our judgement is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from people who use services, the public and other organisations.

Where applicable, we have reported on each core service provided by Dorset Healthcare University Hospitals NHS Foundation trust and these are brought together to inform our overall judgement of Dorset Healthcare University Hospitals NHS Foundation trust.

Summary of findings

Ratings

We are introducing ratings as an important element of our new approach to inspection and regulation. Our ratings will always be based on a combination of what we find at inspection, what people tell us, our Intelligent Monitoring data and local information from the provider and other organisations. We will award them on a four-point scale: outstanding; good; requires improvement; or inadequate.

Overall rating for the service

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Requires improvement



Are services responsive?

Requires improvement



Are services well-led?

Requires improvement



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

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

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

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

Summary of findings

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Summary of findings

Overall summary

We rated wards for older people with mental health problems as requires improvement because:

- On all wards, staff did not monitor safety and emergency equipment adequately. Although there was a system in place to do this, staff did not complete the checks consistently and there were gaps in the recording of the checks.
- The trust were not monitoring fire risk on Chalbury ward to ensure clear safe fire evacuation if needed. Although efforts were being made by ward management to ensure safety for patients, there were no completed fire evacuation procedures. The trust had drafted a fire evacuation procedure. However they had not completed it nor made it available to staff. Following the inspection the trust provided us with plans in progress. Training was being arranged for staff, however this was not imminent and due to on-going risks around the environment and position of this unit this meant the patients remained at risk.
- Staff did not always ensure that risks identified in risk assessments were reflected in the patients' care plans. This meant that, although regular staff understood the risks for their patients, this was not being communicated to new or temporary staff.
- Staff were not always protecting the privacy and dignity of patients on some wards, and were not making sure that privacy and dignity was a high priority.
- Due to two wards being on the first floor, patients had poor access to outside space and fresh air. Staff told us this had been escalated to the trust but had not been assured action would be taken.
- One ward had single sex dormitories, beds separated by curtains only. As some patients had been admitted longer than nine months ago, this sleeping environment did not provide adequate privacy.
- The layout of one ward allowed wheelchair access, and two rooms were identified as disabled bedrooms. However the doorframes were too narrow to allow access to these bedrooms by wheelchairs.
- We found ward managers were visible and supportive on the wards. However there was little engagement by senior trust managers in these services. There was no clear corporate strategy for older people with mental health problems.

Summary of findings

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

Are services safe?

We rated safe as requires improvement because:

- On all wards, staff did not monitor safety and emergency equipment adequately. Although there was a system in place to do this, staff did not complete the checks consistently and there were gaps in the recording of the checks.
- The trust were not monitoring fire risk on Chalbury ward to ensure clear safe fire evacuation if needed. Although efforts were being made by ward management to ensure safety for patients, there were no completed fire evacuation procedures. The trust had drafted a fire evacuation procedure. However they had not completed it nor made it available to staff. Following the inspection the trust provided us with plans in progress. Training was being arranged for staff, however this was not imminent and due to on-going risks around the environment and position of this unit this meant the patients remained at risk.
- Staff did not always ensure that substantial risks identified in risk assessments were reflected in the patient's plans of care. This meant that, although regular staff understood the risks for their patients, this was not being communicated to new or temporary staff. However:
- We saw good levels of cleanliness on all the wards, careful attention was paid to all clinical areas.

Requires improvement



Are services effective?

We rated effective as good because:

- there were very good examples of multidisciplinary work and effective outcomes for patients
- There was good communication between other organisations and good adherence to the Mental capacity Act 2007.

Good



Are services caring?

We rated caring as requires improvement because:

- Some staff were not always protecting the privacy and dignity of patients on Alumhurst ward and Melstock house. Two cases were observed where patients were receiving personal care in view of others.
- Staff could not tell us that patients were involved in decision making around their personal belongings or actively consulted with around management of their privacy. However:

Requires improvement



Summary of findings

- We also observed many examples of very good and compassionate care and attitudes.
- Staff and managers were knowledgeable about the patients needs and were person centred when they discussed patients.
- Plans for improvements were in place; involving carers when appropriate.

Are services responsive to people's needs?

We rated responsive as requires improvement because:

- Due to two wards being on the first floor, patients had poor access to outside space and fresh air. Staff told us this had been escalated to the trust but had not been assured action would be taken.
- The layout of one ward allowed wheelchair access, and two rooms were identified as disabled bedrooms, However the doorframes were too narrow to allow access to these bedrooms by wheelchairs.
- One ward had single sex dormitories, beds separated by curtains only. Some patients had been admitted longer than nine months ago. This sleeping environment did not provide adequate privacy. However:
- All provided activity timetables for their patients and we saw generally a good level of activities for all abilities. Patients we spoke to told us they felt supported to access activities and we observed a number of activities taking place on all wards during our inspection.

Requires improvement



Are services well-led?

We rated Well-led as requires improvement because:

- We found trust ward managers were visible and supportive on the wards. However there was little engagement by senior managers in the trust in these services.
- There was no clear corporate strategy for older people with mental health problems.
- Problems around privacy, dignity and safety had not been identified or managed by trust leaders. However:
- The trust have assured us that concerns will be actioned and there is an overall commitment to improve across the core service.

Requires improvement



Summary of findings

Information about the service

The wards for older people with mental health problems provided by Dorset Healthcare University Hospitals NHS FT are part of the trust's older peoples services.

Alderney Hospital in Poole that provides assessment and treatment has two wards for older people with mental health problems: Herm Ward has 18 beds (women only) and St Brelades has 15 beds and caters for management of behavioural problems in male patients with a known diagnosis of dementia. Both link to the Intermediate Care for Dementia Team.

St Ann's Hospital in Poole has one ward for older people with functional mental health problems: Alumhurst Ward is a mixed sex ward for older people with 20 beds.

Weymouth community Hospital in Weymouth has one ward for older people with mental health problems: Chalbury Unit is a 12 bed mixed gender assessment and treatment unit.

Forston clinic in Dorchester has one ward for older people with mental health problems: Melstock house is a 12 bed acute assessment unit.

Our inspection team

The inspection team was led by:

Chair: Neil Carr OBE, Chief Executive of South Staffordshire and Shropshire Healthcare NHS Foundation Trust.

Team Leader: Karen Wilson-Bennett, Head of Inspection for Mental Health, Learning Disabilities and Substance misuse, Care Quality Commission

The team that inspected wards for older people with mental health problems consisted of five people: One

inspector, one Mental Health Act reviewer, one nurse, one consultant psychiatrist and one psychologist who were specialists in the care of older people with mental health problems.

At Alderney Hospital two people on the team visited Herm Ward, three visited St Brelades. All five people on the team visited St Ann's Hospitals and Weymouth Community hospital. Melstock house was visited by another inspector at the Forston Clinic.

Why we carried out this inspection

We inspected this core service as part of our on-going comprehensive mental health inspection programme.

How we carried out this inspection

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?

Before the inspection visit we reviewed information held and received about the services, requested information from other organisations and researched each service before inspecting. We also sought feedback from senior clinical leadership team through a focus group.

During the inspection visit the inspection team:

Summary of findings

- Visited all five wards at the four hospitals/clinics and looked at the quality of the ward environment including observations of how patients were being cared for.
- Spoke with 14 patients out of 64 current inpatients who are using the service.
- Spoke with managers or acting managers for each of the wards.
- Spoke with 32 staff members including consultant psychiatrist, doctors, occupational therapists, nurses, maintenance staff, care staff and an approved mental health professional.
- Attended and observed three multi-disciplinary meetings, one handover meeting, observed two medication rounds and two mealtimes
- Spoke to four family members.
- Looked at 18 clinical records/care plans.
- Looked at 53 medication charts and carried out a specific check of medication management on four wards.
- Looked at the activity plans on four wards.
- Looked at a range of policies and procedures, audits; and other documents relevant to the running of the service.

What people who use the provider's services say

We spoke with 14 patients and four family members. There were no negative comments around treatment by

staff. Comments received were that all ward areas were extremely clean and on Herm and St Brelades wards people highlighted warmth, excellent compassion and sensitivity.

Good practice

There was a high level of innovation and dedication to patient comfort on Chalbury Ward. We found the staff went above and beyond to provide a good environment

for the patients. The ward décor was worn and in need of improvement, so staff had used their own time and resources to decorate parts of the ward and create reminiscence areas.

Areas for improvement

Action the provider MUST take to improve

- The trust must ensure that staff make sure all care plans reflect the risks identified in the risk assessment process. Five of the records on St Brelades and Alumhurst wards identified that high risks were present but not documented.
- The trust must make sure that privacy and dignity is upheld and protected on Alumhurst ward and Melstock House. They must ensure robust systems are in place to check and monitor dignity and privacy of patients and their wishes, and that staff understand their responsibilities.
- The trust must produce a plan to remove the current sleeping arrangements of dormitories with beds separated by curtains on Alumhurst Ward and provide a clear time-scale for this.
- There must be evidence that people in the dormitories are supported in discussions around how privacy and dignity is monitored in the interim, and that this is on the trust risk register.
- Staff must check that all safety and emergency equipment including controlled drug cupboards, refrigerator and room temperatures are safe and systems in place are robust to ensure this.
- That patients have enough access to outside areas and staff are trained in and have clear direction around fire evacuation procedures.
- The trust must also ensure that Melstock House has appropriate wheelchair access to disabled bedrooms.
- The trust must ensure that environmental risks escalated to them are responded to in a timely way, and that actions around mitigating risk are communicated clearly to teams.

Summary of findings

Action the provider **SHOULD** take to improve

- The trust should make sure there is a clear corporate strategy around older people with mental health problems, and that this is communicated to all staff teams
- There should improve communication between senior management and ward staff, regarding future planning for services for older people with mental health problems; to provide good support and reassurance to the teams.

Dorset Healthcare University NHS Foundation Trust

Wards for older people with mental health problems

Detailed findings

Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
Herm Ward, St Brelades Ward	Alderney Hospital
Alumhurst Ward	St Ann's hospital
Chalbury ward	Weymouth Community Hospital
Melstock House	Forston Clinic

Mental Health Act responsibilities

- During our visit we found there were 42 patients subject to the Mental Health Act (1983)
- We checked files of 18 detained patients on the wards and carried out a specific Mental Health Act review on six patients in Alumhurst ward to ensure that there was accurate documentation in place under the MHA and Code of Practice. This was reported to be mostly correct by our Mental Health Act reviewer. There were some omissions noted, for example on one occasion a patient was referred to a Tribunal on 12th June when it should have been on 19th April and on another the renewal of section papers stated the patient was a risk to others though no evidence on the narrative supported this.
- Another concern raised was a Section 62 had been done retrospectively by a deputising responsible clinician.
- The majority of staff we spoke to had received training in the Mental Health Act. However some non-qualified staff said they didn't feel confident in its use. These staff told us they knew where to seek advice around the MHA and would escalate concerns to senior staff should they need to.
- We saw evidence of patients rights being read under S132 on all but one occasion, and repeated thereafter as per Code of Practice.
- We observed good signage on all the wards which informed patients and carers about their rights under the MHA, how to access advocacy and notices on the exit doors both inside and out for informal patients wishing to leave the wards.

Detailed findings

- It is noted that the trust accepts there are improvements to be made around adherence to the new MHA (1983) Code of Practice and this is placed on the trust risk register with an action plan.

Mental Capacity Act and Deprivation of Liberty Safeguards

- We were concerned that only 78% of clinical staff on all wards had received training in the use of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards 2007. This was not a consistent picture, Alumhurst ward provided the highest number at 92%. On St Brelades the figure was 55%.
- There were eight patients under a DOLs authorisation across the wards with three applications made in the last six months. As from 2 July 2015 there were still a total of seven patients awaiting assessment.
- There is a policy on MCA/DOLs which is accessible and staff we spoke to have an adequate knowledge of the Mental Capacity Act and best interests procedures.
- We saw good examples of the use of best interests procedures and all were documented correctly. This was also reflected in the use of covert medication. There were two examples noted and the wards were accurate in recording and the correct procedures followed.
- All records contained adequate documentation around the MCA, reflecting the five principles; including around consent and best interests decisions.
- There was a strong understanding from staff we spoke to around the use of the MCA in regards to giving clear and relevant information, and access to advocacy in particular. However it was also clear that if relevant staff required support or guidance they were confident in raising this with their managers or knew how to contact the local MCA office.

Are services safe?

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

* People are protected from physical, sexual, mental or psychological, financial, neglect, institutional or discriminatory abuse

Summary of findings

We rated safe as requires improvement because:

- The trust were not monitoring fire risk on Chalbury ward to ensure clear safe fire evacuation if needed. Although efforts were being made by ward management to ensure safety for patients, there were no completed fire evacuation procedures. The trust had drafted a fire evacuation procedure. However they had not completed it nor made it available to staff. Following the inspection the trust provided us with plans in progress. Training was being arranged for staff, however this was not imminent and due to on-going risks around the environment and position of this unit this meant the patients remained at risk.
- On all wards, staff did not monitor safety and emergency equipment adequately. Although there was a system in place to do this, staff did not complete the checks consistently and there were gaps in the recording of the checks.
- Staff did not always ensure that substantial risks identified in risk assessments were reflected in the patient's plans of care. This meant that, although regular staff understood the risks for their patients, this was not being communicated to new or temporary staff. However:
- We saw good levels of cleanliness on all the wards, careful attention was paid to all clinical areas.

patients in this situation. The ward have now provided us with procedures following the visit, and the Trust have assured us that the safety of the patients on Chalbury Ward is a priority and an action plan in place.

- The layout of all the wards allowed staff to observe the majority of the areas. On Herm and St Brelades there were some blind spots along the main corridor into the far area of the ward. However mirrors were in place to mitigate these. On Alumhurst and Chalbury there were significantly more blind spots not mitigated against by use of mirrors or any other device. Alumhurst ward in particular was a higher risk due to a more restrictive environment, numerous corners and corridors. During our visit we saw good staff presence in these areas. However staff identified night time in particular could be problematic.
- The Melstock House building was originally designed as the trust headquarters and has a large atrium surrounded by patient rooms. This allowed for safe observations of patients. There were 12 single en-suite rooms.
- We noted that all wards had been assessed for ligature risks. The ward bathrooms, showers and toilets had minimal ligature risks and were open allowing free access to patients. It was demonstrated that higher risk patients were on higher observation levels should a ligature risk be identified and this was observed during our inspection, particularly on Herm and St Brelades wards. Here, higher risk areas were patrolled by staff and locked off when the area was not in use.
- On Herm and St Brelades wards we saw 'WASH' assessments had been carried out (workplace assessment of safety and health) and had a clear review date. Concerns raised to the health and safety team had clear action plans and dates of completion. Alumhurst ward had recently had improvements to the environment following identification of ligature points. Staff displayed a good knowledge and understanding about ligature risks on all wards.
- Herm and St Brelades wards are both single sex wards and complied fully with the guidance on same sex accommodation. We saw that male patients had never been admitted to Herm ward due to bed pressures elsewhere in the service, and this was reflected in the intelligence we had in advance of the inspection. All

Our findings

Safe and clean environment

- On Chalbury ward we were very concerned by the lack of fire evacuation procedures and action plan when we requested to view them. The ward was isolated and unsupported at night, should evacuation be necessary at this time, the numbers of staff and the dependency of the patients made this a significant risk. The ward manager was able to tell us the procedures and displayed a genuine concern for the safety of the

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rooms on Herm and St Brelades were spacious singles. We were told the rooms were not ensuite as the levels of acuity and risks around the patients increased the risks of the environment. However there was sufficient access to bathrooms and toilets along the ward. Bedrooms on these wards were very large; though we saw some personal belongings and patients have the option to have their own belongings in the ward. We saw plans to improve the décor in the bedrooms in the near future.

- Alumhurst and Chalbury were mixed sex accommodation wards. They were segregated to the best ability within the restrictive confines of the environment. Female sleeping areas separated from male in accordance with the guidance on same sex accommodation at this time. On Alumhurst ward there were significant challenges as the ward was very small and patients told us it became extremely busy and felt cramped. The corridors were very narrow and this presented a significant challenge and impact on patients privacy and dignity. There was access to a female toilet away from the male area, though females have to pass by a closed male area to access their rooms. All the sleeping areas were separated by doors and the communal area had staff present.
- The clinic rooms were very clean and accessible on all the wards. Cupboards containing medicines were locked, clearly labeled and medicine trolleys were correctly secured. However our pharmacist visited Alumhurst ward and found the controlled drug safe was not fitted in accordance with trust policy, and that checks on controlled drug stocks were not always undertaken.
- Items in the clinic rooms were easy to access. However there were concerns across all the wards that equipment was not being checked regularly. We found significant gaps in equipment checks throughout May and June on Herm, Chalbury and Alumhurst Wards. These included the defibrillator machine, room and fridge temperatures, and first aid kit and resuscitation trolleys.
- All the ward areas were cleaned to a very high standard and furniture was to a reasonable standard. Furnishings differed across the wards however they were maintained adequately. Cleaning records and rosters were checked and were up to date displaying close attention to cleanliness on all the wards.
- We saw good examples particularly on Herm and St Brelades where during hourly observations staff also

completed discreet sensory prompts for the patients, including use of glasses, trip hazards and checking hearing aids. St Brelades were planning to have flooring replaced in July 2015 due to the current flooring not being appropriate for the patient group.

- We saw good examples of infection control management, monitoring and hand hygiene. Audits were carried out on all wards and staff we spoke to demonstrated a good understanding of the principles.
- All the wards had systems of checking the environment for risks. We saw staff were looking at the environment during hourly observations and also had separate environment checks which were audited.
- We saw an example of when a significant environmental risk was raised. On St Brelades ward a patient had used their headboard as a weapon. We noted this was managed quickly by the health and safety team. As a consequence adaptations were made to the beds.
- All staff across the core services use personal protection alarms and staff felt confident in their use. All patients had access to the nurse call system and the patients we asked about them patients we spoke to told us they were answered promptly.
- We saw that staff on all wards participated in health and safety discussions within their team meetings and formed action plans when indicated.

Safe staffing

- The majority of staff and managers we spoke to felt that staffing was at a safe level for the wards and scrutiny of the rotas confirmed this. Staffing levels on all wards were being managed well and were safe, however on Chalbury ward this was with a high level of bank and agency. We saw that observations were based on the risks and acuity of the patients and staffing levels adjusted accordingly. On Herm, St Brelades and Alumhurst regular agency staff are used where possible to ensure safety and continuity. We were told that agency qualified nursing staff did not take charge of the ward without approval from senior managers, and this was reflected on the electronic rota system.
- We were informed that minimum staffing levels were set by the trust. However ward managers felt they were listened to about staffing risks and could increase their numbers if the need arose. On Chalbury we found an ongoing high risk around staffing and recruitment. This was reflected in the trust risk register. There was a contingency plan in place for if staffing levels fall below

Are services safe?

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a safe level, which was too close to admissions. The trust procured a block agency contract for qualified nurses which kept the ward safe on a temporary basis. However this was precarious due to agency staff notice period being one week only and the persistent challenge of recruiting permanent staff. The trust told us there were plans in place around managing this risk and gave assurance that there would be a resolution in the near future.

- We saw there was a qualified nurse present on the wards at all times. Staff told us they sometimes struggle to have formal one to one time with their patients. However we observed on all the wards that staff did spend time talking to patients on a one to one basis where they had the opportunity. Patients we spoke to told us they were happy with the time spent with staff.
- The records show that escorted leave or ward activities did not frequently get cancelled due to staffing. No patients or carers had complained about accessing activities.
- All wards demonstrated that they had enough staff to safely carry out physical interventions should it be needed. The patients on all the wards were deemed not to be high risk of physical aggression, and de-escalation techniques were used more frequently than restraint. It was demonstrated to us through review of risk assessments and in handover that individual risks of patients were monitored and staffing discussed and adjusted accordingly should physical interventions be potentially a higher risk. On Herm and St Brelades the staff supported each other with staffing if there was a shortfall, and the ward managers covered the shifts themselves if required.
- We noted that medical cover was safe throughout daytime hours, however some concern was raised over junior doctor cover out of hours, including confidence of junior doctors in managing highly complex patients during this time. On Chalbury Ward the risks were higher due to the location and isolation of the service. We were shown examples of admissions out of hours where medical staff were not locally based and could take a long time to attend the ward. The trust assured us however following our inspection that appropriate medical cover had been increased.
- We looked at the mandatory training compliance across the core service areas. All but Chalbury were compliant with the trust's target of 85%. The average mandatory training rate being Herm ward 99%, St Brelades 88%,

Alumhurst ward 87%. Chalbury ward staff were below the trust target level for Child Protection Level 2 (67%) and Enhanced Life Support (43%). The ward manager was able to explain the plans in place for raising their numbers to the trust target.

Assessing and managing risk to patients and staff

- We looked at 18 clinical records most of which were of good standard. Patients had a risk assessment and care plan started within 24 hours and completed within 72 hours. This gave the wards the opportunity to gather further information from carers and other organisations. All patients at risk of falls had a falls risk summary and plan. Staff told us and incident reports showed that areas of high priority were falls and pressure ulcer management. All the wards had risk assessments and plans in place for patients at increased risk. We observed that skin bundles were in use for identified patients and braden and malnutrition universal screening tool were being completed though improvements could be made in the consistency of this.
- Risk assessments were of an acceptable standard and documented on the electronic record system. On all the wards however we saw examples of risks that had been identified in the initial assessment was not carried over to the care plan. Staff told us that because they knew the patient well they knew those particular risks, however they did acknowledge that an agency or bank member of staff may not.
- Restrictions around entry and exits and use of mobile phones with cameras on the ward were supported by individual care plans, and risk assessed.
- We noted that patients not subject to MHA or DoLS on Alumhurst ward had electronic wrist bands which allowed access in and out the ward areas.
- We were told and observed that measures were put in place to assess the risks around the patients daily and staffing increased if observations increased. Staff we spoke to felt confident in managing and highlighting risks to managers.
- We looked at the policies and procedures around observation of patients and saw they were being adhered to.
- There were no seclusion facilities on the wards for older people with mental health problems. We did observe several incidents requiring de-escalation on St Brelades

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ward which were managed extremely well by the staff.

All staff reported that de-escalation was the priority and restraint was the last resort. Care records, incident reporting and observations demonstrated this.

- We looked at an incident on St Brelades ward which had required the use of rapid tranquilisation. We saw that NICE and local guidelines had been followed, that appropriate techniques had been used and that a root cause analysis had been carried out to ensure learning around the incident. There were two further examples of restraint on Alumhurst ward requiring rapid tranquilisation where a root cause analysis confirmed correct procedures were followed. We saw that all the wards had standard trust policies around the use of physical restraint and rapid tranquilisation.
- All staff had received safeguarding training and staff we spoke to demonstrated a good awareness of safeguarding and related procedures. There were some differences of understanding demonstrated around the specifics of safeguarding procedures once an alert had been made to the local authority. However staff we spoke to were aware of the process and confident in

recognising and raising abuse concerns. We were shown an example of an on going safeguarding situation on both Alumhurst ward and Chalbury, both of which were being managed to a good level.

- We asked ward management and staff to tell us procedures around children visiting the wards. All told us that children do not go onto the wards. There were rooms off the wards for children to visit patients.

Reporting incidents and learning from when things go wrong

- We noted that serious incident occurrences reported to STEIS were low across the core services. Five serious incidents involving trips or falls resulting in injury or harm have been reported since 1st April 2014 and it was demonstrated that all the incidents were raised through governance to the health and safety team.
- The trust had rated these risks as moderate trust wide and this was reflected on the risk register. Appropriate actions had been identified to reduce falls risks by the trust and the wards we inspected demonstrated that falls management was a high priority.

Are services effective?

Good 

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

Summary of findings

We rated effective as good because:

- We saw very good examples of multidisciplinary work and effective outcomes for patients

We saw good communication between other organisations and good adherence to the Mental capacity Act 2007.

Our findings

Assessment of needs and planning of care

- We looked at 18 care records in total and found them to contain timely assessment of the patients needs. Of the records reviewed however we noted that there were five occasions the care plan did not reflect the risks identified in the risk assessment. We saw that correct observation levels were in place for these patients to protect their safety. However this did not mitigate the lack of accurate reflection of risks in the records. We note this was a trust wide issue and on the trust risk register to action.
- We noted that on one occasion there was no mental capacity act assessment on admission around decisions around swallowing and food issues. We raised this to the relevant ward manager who acknowledged this. We were satisfied following scrutiny that this patient was receiving good appropriate care around their swallowing requirements.
- We saw that the care plans were person centred but would benefit from being more recovery focussed. We noted that most wards were utilising 'this is me'. This Alzheimer's Society document focusses on the individuality of the patients and their wishes, feelings, likes and dislikes and individual needs and was reflected in the care plan where possible. We saw that care and treatment was evaluated regularly.
- Staff used the electronic system RIO for recording and storing patient clinical information. Staff we spoke to reported that sometimes access was a problem and the system could be slow to operate.
- The care records we viewed on all wards demonstrated that physical examination took place on admission; however there was patchy adherence to documentation

around physical health care. We attended ward review meetings and a handover meeting which displayed that identified physical health needs were being discussed, and staff told us that physical health monitoring was put onto RIO and reviewed weekly, however we did not see this consistently reflected in the records.

- We looked at a sample of food and fluid charts on all ward areas. Patients at risk had suitable monitoring systems in place. Staff also told us that patients are assessed on admission around diet and referral made to dietician or Speech and Language therapist if indicated.

Best practice in treatment and care

- We saw 53 medication charts in total across the wards and found that prescriptions were broadly in keeping with NICE guidance and that medication was being promptly administered as prescribed. Based on observations of seven treatment cards and four case notes on Chalbury ward, indications were that the nurse prescriber was taking a major role in prescribing and health promotion on the ward.
- We saw prompt and well documented reconciliation with previously prescribed medication when admitted from home or nursing home to Chalbury ward. The nurse prescriber liaised well with the general practitioner around physical medication needs. We saw an example of this around management of epilepsy in a vulnerable patient. They also had access to a general nurse on the roster for physical health support.
- We observed three multidisciplinary meetings during our inspection and observed that medication was discussed and reviewed carefully.
- We saw some examples of clinical audits carried out on the wards and ward managers told us they encourage staff to take the lead in auditing. Examples we saw were audits of care plans, infection control, medication, hand hygiene and mattress and pressure care management. The audit results showed staff were vigilant across the wards in these areas. Physical health checks on admission re-audit (AD34-13), audit and re-audit compliance to acute care pathways CPA targets and a compliance review of the management of pressure ulcers across the trust had been done by doctors.
- We saw minutes from staff meetings which incorporated clinical effectiveness and examples of how best practice can be achieved. Best practice guidelines were

Are services effective?

Good 

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

discussed in weekly team meetings and staff told us that CPD was actively encouraged by managers. Chalbury ward had a clinical psychologist visit the ward once a month for case discussions and consultations. However:

- There was limited access to psychological therapies which was contrary to NICE guidelines for depression and schizophrenia.

Skilled staff to deliver care

- The staff on all the wards came from a variety of professional backgrounds, including nursing, medical, occupational therapy and a rotational pharmacist. The wards had good access to speech and language therapy and dietician input.
- All staff were able to receive training, supervision and appraisals. Training was monitored and reviewed on a monthly basis by managers and discussed in supervision. We saw staff were encouraged and supported to attend some external training provided by the trust and staff had professional development opportunities. We saw that some staff on St Brelades had attended the tissue viability programme and were attending over the rest of the year. On Alumhurst we noted that training had been arranged outside of mandatory, including kindness and Compassion training, plan, do, study, act cycle training and senior staff are able to access assertiveness training and courageous conversations.
- Mental Capacity Act and Mental Health Act training was mandatory for all staff. Staff had been completing this training either online or in trust headquarters. The trust identified this training as a moderate risk following previous non-adherence to both the MHA (1983) and MCA/DOLs and had an action plan for MHA/MCA and DOLs training for all new staff who had joined the trust since November 2014 as part of induction; and refresher training for existing staff and managers. This was to be completed by 31st July 2015.
- All staff we spoke to told us they received regular supervision and annual appraisals. We looked at records which supported this.
- All teams had regular team meetings and we saw the minutes of three which demonstrated comprehensive discussions around safety, clinical issues, staffing, welfare of staff and areas of improvement.
- We noted that Alumhurst had recently had a team away day as it had been acknowledged that morale was low

and there was a high level of stress on the ward. Staff told us that they had enjoyed this opportunity and had developed positive plans around improvements on the ward.

- We were told about two examples of staff performance management on two of the wards. The senior managers explained the process and their actions, demonstrating good staff management.

Multi-disciplinary and inter-agency team work

- We observed multidisciplinary meetings on three wards and observed there was good representation of professionals involved, including clinical team leaders, F2 doctors, band 6 nurses, occupational therapists, activity coordinators, band 5 nurses and a rotational pharmacist. The meetings were comprehensive and professional.
- We were shown on all wards how relationships were good with teams outside of the organisation and no concerns were raised. We noted that management on Chalbury ward had created excellent working relationships and liaised very well with in particular the MHA and MCA office, safeguarding leads and independent mental capacity advocates/independent mental health act advocates. This was positive due to the isolative nature of the ward. All wards had a good working relationship with their respective local authorities which we saw when we looked at plans around admissions and discharges.

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

- During our visit we found there were 42 patients out of 64 subject to the Mental Health Act (1983). The consultant psychiatrist on our inspection team attended clinical reviews on three of the wards and found the use of the MHA was discussed and applied appropriately.
- We checked files of detained patients on the wards and carried out a specific Mental Health Act review on Alumhurst ward to ensure that there were accurate documentation in place under the MHA and Code of Practice. This was reported to be mostly correct by our Mental Health Act Reviewer. There were some omissions noted, on one occasion a patient was referred to a Tribunal on 12th June when it should have been on 19th April and in another case renewal of section papers stated patient was a risk to others though no evidence on the narrative supported this.

Are services effective?

Good 

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

- Another concern raised was a Section 62 had been done retrospectively by a deputising Responsible Clinician.
- The majority of staff we spoke to had received training in the Mental Health Act. However some non-qualified staff said they didn't feel confident in its use. These staff told us they knew where to seek advice around the MHA and would escalate concerns to senior staff should they need to.
- We saw evidence of patients rights being read under S132 on all but one occasion, and repeated thereafter as per Code of Practice.
- We observed good signage on all the wards which informed patients and carers about their rights under the MHA, how to access advocacy and notices on the exit doors both inside and out for informal patients wishing to leave the wards.
- The trust accepted there were improvements to be made around adherence to the MHA (1983) Code of Practice and this was placed on the trust risk register with action plan.
- There were a total of eight patients under DOLs authorisation across the wards, three applications had been made in the last six months. A total of seven patients were awaiting assessment.
- There was a policy on MCA/DOLs which was accessible and staff we spoke to had an acceptable knowledge of the Mental Capacity Act and best interests procedures.
- We saw good examples of the use of best interests procedures and all were documented correctly. This was also reflected in the use of covert medication, there were two examples noted and the wards were accurate in recording and the correct procedures followed.
- All records contained good documentation around the MCA, reflecting the five principles; including around consent and best interests decisions.
- There was a strong understanding from staff we spoke to around the use of the MCA in regards to giving clear and relevant information, and access to advocacy in particular. However it was also clear that if relevant staff required support or guidance they were confident in raising this with their management or knew to contact the local MCA office.

Good practice in applying the Mental Capacity Act

- 78% of clinical staff on all wards had received training in the use of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards 2007. This is lower than the trust target of 85%, Alumhurst ward providing the highest number on 92% and St Brelades the lowest on 55%.

Are services caring?

Requires improvement 

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

Summary of findings

We rated caring as requires improvement because:

- Some staff were not always protecting the privacy and dignity of patients on Alumhurst ward and Melstock house. Two cases were observed where patients were receiving personal care in view of others.
- Staff could not tell us that patients were involved in decision making around their personal belongings or actively consulted with around management of their privacy. However:
- We also observed many examples of very good and compassionate care and attitudes.
- Staff and managers were knowledgeable about the patients needs and were person centred when they discussed patients.
- Plans for improvements were in place; involving carers when appropriate.

Our findings

Kindness, dignity, respect and support

- On first entering Alumhurst ward and being shown round, the inspection team entered the female sleeping area and observed that a female patient was receiving personal care from a member of staff with the door open, compromising their dignity.
- We observed two occasions on Alumhurst ward where patients who required a higher level of emotional reassurance from staff were not given appropriate responses in the way we would expect. Staff were impatient in their interactions on two occasions.
- We also observed during morning medication that the clinic door was open. Patients were in the clinic room having received medication or physical observations whilst several other patients were sitting waiting just outside for their medication. This breached the patient's privacy and dignity.
- As the inspection team walked around Alumhurst ward we observed that several doors were open revealing personal belongings including mobile phones on beds.

When this was brought to the attention of staff the doors were closed, but staff did not appear concerned that this was a problem. We felt privacy was breached in this instance.

- We discussed privacy issues with ward management. We were told privacy and dignity was just expected from the staff as opposed to being raised and monitored during supervisions or meetings which would ensure it was a high priority on the ward.
- Staff could not tell us that patients were involved in decision making around the locking of their doors nor where it was documented that this discussion had taken place. When we spoke to staff about this they could not tell us which patients had consented to having the doors left open nor that discussion around this had taken place. However:
- We did observe positive interactions on Alumhurst ward and compassionate attentive care and positive attitudes from some staff. The staff were seen as attentive to the majority of patients.
- We observed breakfast and dining room activities and found staff were very considerate in interactions with patients, offering choice and checking on well-being as well as nutrition and hydration. Staff listened attentively during 1:1 interactions and displayed warmth and empathy.
- We spoke to four patients on Alumhurst ward who told us that they were very happy with the care they received on the ward. One patient who had been in mental health services for two years told us this was the best care they'd received and that they were supported to make choices.
- There were dignity issues also highlighted at Melstock House. A patient was sitting in a state of undress with his door open. His bedroom was directly to the right of the front door and in view of everyone in the foyer. Staff had not protected his dignity in this case.
- However we were extremely impressed with the care and support provided on St Brelades, Herm and Chalbury Wards. It was evident through direct observation of care and through documentation that dignity and privacy was a high priority for these patients. We saw that staff regularly discussed the dignity of patients through supervision, appraisals and during the handover period.
- We saw several examples on those wards of patience, support and positive interactions with patients who had

Are services caring?

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

a high level of needs associated with their organic type illness. At all times verbal and physical aggression were de-escalated calmly whilst remaining warm in interaction with the patient.

- A family member commented that on both Herm and St Brelades the wards were always clean with no bad smells, and that the staff are caring, patient, attentive and extremely respectful. Another highlighted the compassion, care and sensitivity received and had written to the trust to say this.
- On Chalbury ward we observed patients were given choices around their day to day activities, and support around them. There were no institutional routine and patients could choose when to get out of bed, their food, activities, and use of television. Throughout our visit we saw that staff acted in a professional, respectful and warm manner towards the patients.
- One patient requested to speak to us on St Brelades and reported that he felt the staff were very nice, that he was comfortable and able to get a good night's sleep. He also enjoyed the food and drink on the ward, and although he said he was sometimes frightened of the other patients staff looked after him and kept him safe. As all patients on the ward presented with significant impairment, it was not appropriate to continue questioning. However he was clearly clean and well presented.
- Staff we spoke to were knowledgeable about the patients' needs and were respectful and person centred when they discussed patients. We were told by the staff that they believed managing privacy and dignity within the ward was a challenge due to the environment, but that they believed they always considered this at all times.

The involvement of people in the care that they receive

- We saw admissions packs which were comprehensive and person centred, and included information received

from the patients or their carers about individual needs and wishes, including 'this is me'. Due to the patient group and high level of incapacity, the staff were able to demonstrate that if a patient is assessed as lacking insight into their care needs, involvement of family/ carers always takes place. This was evident in the care plans. St Brelades have an identified carers lead on the ward.

- On Chalbury ward excellent initiatives had taken place to compensate for the lack of positive surroundings to make the ward as homely and welcoming as possible. We saw that a member of staff had used their own time to create two fun reminiscence areas on the ward, a shop and a pub built in the style of times past
- We observed a community meeting on the ward where patients were invited to comment on concerns or improvements and there were appropriate responses to these requests. One patient complimented the staff for their patience and care.
- Alumhurst provided a very good patient information pack which gave a warm introduction to the ward. It gave them detailed information in a format easily understandable about the multi-disciplinary team, care options and choices, safety, security and confidentiality issues, access to advocacy services including Citizen's Advice Bureau; MHA information and rights, information around discharge planning as well as visitor information and facilities on the wards. In addition to this we saw a carer's information pack which provided similar information as the patient pack however in more detail around legal matters. There was also a section identifying support for carers offering the number of Rethink, the Dorset mental health forum and the recovery education centre.
- We saw that Alumhurst ward had identified that there was poor communication between staff and carers. As a result they ensured that carers received a written update monthly with opportunities to comment.

Are services responsive to people's needs?

Requires improvement 

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

Summary of findings

We rated responsive as requires improvements because:

- Due to two wards being on the first floor, patients had poor access to outside space and fresh air. Staff told us this had been escalated to the trust but had not been assured action would be taken.
- One ward had single sex dormitories, beds separated by curtains. Some patients had been admitted longer than nine months. This sleeping environment did not provide adequate privacy.
- The layout of one ward allowed wheelchair access, and two rooms were identified as disabled bedrooms; but the doorframes were too narrow to allow access to these bedrooms by wheelchairs.
- However all wards provided activity timetables for their patients and we saw generally a good level of activities for all abilities. Patients we spoke to told us they felt supported to access activities and we observed a number of activities taking place on all wards during our inspection.

Our findings

Access and discharge

- Not all the wards were at full occupancy when we inspected. Bed occupancy was 100% St Brelades, 44% Herm, 100% Alumhurst, 66% Chalbury (one patient on leave) 100% Forston Clinic.
- The average bed occupancy across this core service was above 85%, Alumhurst being in the highest three at 99.6% in the six months up to February 2015, then Melstock 96.5%, St Brelades 95.6%, Chalbury at 83% and Herm Ward at 82%.
- There were no out of area placements in older people's mental health inpatient areas. In total there has been five out of area placements over the six months until May 2015, four male beds and one female. All those now discharged. This suggested that needs were identified and patients admitted in a timely manner.
- We saw that one patient was on leave on Chalbury ward and their bed was available for their return. There were

no examples of patients' beds being used whilst on leave during our inspection which assured us should a leave arrangement break down the patient could return safely to their bed on the ward.

- We observed examples of discharge planning which demonstrated a close liaison with the relevant outside agencies, and which ensured there were no discharges out of core times or at weekends.
- There were 76 delayed discharges in the six months to February 2015 across older adults' mental health inpatient areas. The wards with the highest number of delayed discharges were Herm Ward with 28, Chalbury unit with 21 and St Brelades Ward with 19. NHS England identified that across all-adult inpatient services the vast majority of delayed discharge are patients over 75 years of age and the community Care Act 2003 facilitates joint working with social services to implement actions to tackle these delays.
- We saw and were told by staff and managers that sometimes there were problems with facilitating discharge due to awaiting availability of non-NHS services. However we saw discharge plans that demonstrated that the risks around delayed discharge were being managed through joint working and close liaison with social services to tackle the delays within their local systems.

The facilities promote recovery, comfort, dignity and confidentiality

- All wards provided adequate facilities and equipment to support treatment, activities and care. However we noted there was no examination couch on Chalbury or Alumhurst ward for privacy. There were quiet rooms available and separate female lounge for the mixed sex wards. We noted that the visitors room for St Brelades and Herm Wards was currently out of use and used as a stock cupboard. There were plans in place to return this to a visitors room, particularly for visitors with children. Due to these rooms being out of use visitors could go to the patients' rooms or use the foyer area which did not always ensure privacy. We spoke to two visitors during the inspection and both reported they were happy with the visiting arrangements and the support from staff around accessing privacy when needed.
- We were concerned on Chalbury unit by the lack of regular access to outside space for the patients. The ward was on the first floor and there were no formal agreements to access the day unit courtyard in the

Are services responsive to people's needs?

Requires improvement 

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

grounds of the hospital. Staff told us they were often met with resistance from the day unit when they requested time outside for their patients. We further observed that the alternative to this courtyard was in the car park or by the side of the road. We felt this was unacceptable. When we raised the situation to the trust, they assured us there was an action plan in place around the accommodation and facilities for this unit.

- On Alumhurst ward we saw that there was not sufficient evidence of lockable and safe storage for all the patients personal belongings. Staff were not able to assure us that all patients belongings were secure by use of audit or individual care plans around management of belongings. Although we saw an excellent plan developed to improve the patient's experience, this area was not specifically detailed on the plan. This was raised to staff and management during the visit.
- The bedrooms were four bedded bays at either end with one single bedroom in the female area and two single bedrooms for males, located in the main area of the ward opposite the clinic room. This was not an ideal situation as this was observed to be a high traffic area.
- The sleeping bays had curtains separating the beds. Patients who had been on the ward several months and those who required support with personal care could not receive this privately. One patient told us they were often disturbed during the night when staff entered the bays to attend to personal care.
- All wards had access to either a payphone or patients had access where appropriate to their own mobile phones. We saw evidence of risk assessments and care planning around this. The majority of the wards had a cordless ward phone which we observed taken out to patients to receive calls which was kept in the office.
- We saw good access to grounds and outside space on Herm and St Brelades wards. Patients could access the outside in the grounds safely and the environment was calm and comfortable. Due to the situation of Alumhurst ward being not on the ground floor, access to the outside for all patients other than informal was escorted and timetabled. It was noted that signage was up to this effect, and any access outside of these times was 'at the discretion of the staff'. The ward was able to provide assurance that this had been raised to look at development of outside space.
- All wards provided activity timetables for their patients and we saw generally a good level of activities for all abilities. Patients we spoke to told us they felt

supported to access activities and we observed a number of activities taking place on all wards during our inspection. We saw the staffing teams had good access to occupational therapy and noted that these staff were dedicated and committed to ensuring positive activity programmes took place regularly. On Alumhurst ward in particular we noted though they had few therapeutic interventions available, they had been proactive in identifying actions around this led by the ward manager and occupational therapist, as well as identifying limited access to computers or the internet. A patient group had been set up and Wi-Fi installed.

- Menus on all the wards which were diverse and catered for all needs, this included meeting the dietary requirements of religious and ethnic groups. The patients we spoke to told us that the food was good and there had been no complaints from patients or relatives on the quality of the food.
- Patients had access to a good range of drinks and snacks when requested, in various risk assessed areas of the wards dependent upon the level of patient risk.
- There were no restrictions around the personalisation of bedrooms. Patients had their own belongings where they wished to. However due to the short stay nature of the assessment wards we were told some patients or families chose not to have the majority of their belongings.

Meeting the needs of all people who use the service

- During the inspection of Melstock House it was noted that the bedroom door widths were not sufficient to enable wheelchair access to the disabled bedrooms. The unit allowed sufficient wheelchair access in the rest of the ward area.
- We saw that staff respected patients diversity and saw good evidence in the notes and also through signage that wards were making every effort to meet individual needs around culture, language and religion. We saw contact details on display of different faiths and also advice in the patient and carers handbooks of how to access different representatives. On St Brelades Ward we noted that an interpreter had been used in the last three months for three different languages.

Are services responsive to people's needs?

Requires improvement 

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

- There was clear signage on all the wards on how to access local services, carer support, patient's rights and complaints procedures. During our visit a representative from a specific faith was visiting the ward and spending time with a patient who had requested they visit.

Listening to and learning from concerns and complaints

- There were five formal complaints received in the last 12 months across the core service. Two that were upheld were both on Alumhurst Ward, one around professionalism and politeness and one around the safety of a patient's house keys on transfer. The management on Alumhurst Ward had identified improvements that were needed and had demonstrated they had worked hard to develop the staff and ensuring lessons were learnt when errors occur.
- The complaints process was displayed and visible on all the wards, and also included in the patient and carer handbooks. We observed a community meeting on Alumhurst ward where the patients had opportunity to discuss any concerns openly and we saw that this was documented and action taken when concerns had been raised.
- Staff were able to explain the complaints procedure and informed us that any complaints made were fed back to the staff and discussed within the teams. In the staff meeting minutes we saw this did take place, and action plans formulated.

Are services well-led?

Requires improvement 

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

Summary of findings

We rated well-led as requires improvement because:

- We found trust ward managers were visible and supportive on the wards. However there was little engagement by senior managers in the trust in these services.
- There was no clear corporate strategy for older people with mental health problems.
- Problems around privacy, dignity and safety had not been identified or managed by trust leaders.
- However the trust have assured us that concerns will be actioned and there is an overall commitment to improve across the core service.

Our findings

Vision and values

- We were concerned at the identified problems on some wards regarding privacy and dignity and that these had not been addressed through effective monitoring and support to staff.
- Staff on the wards did not consider they understood the vision and direction of the trust. When we spoke to senior clinicians within older peoples mental health they had not met as a strategic clinical group since the introduction of the locality management model.
- All staff we spoke to felt they understood what was expected of them at ward level and felt they had their own identity but none of the staff were able to tell us the strategy or future plans around older people with mental health problems.
- Staff told us that they felt they worked in isolation from the rest of the core services, and that the most senior managers did not provide them with guidance or reassurance as to their position within a strategy for the future. This was a consistent complaint from the staff who believed this had affected morale.
- Staff felt that generally the trust ward management were very supportive and worked hard to provide guidance to the teams in the absence of a clear strategy. We were told that members of the executive team had visited the wards and concerns had been raised. Staff felt these issues had not been addressed and told us that

feedback had not been received to reassure the staff around the future of services, in particular on Chalbury ward. We raised this with the trust directly who give assurance they had acted on this.

- We spoke to the trust who assured us that they were actively pushing forward the values.

Good governance

- The wards demonstrated that they managed their governance through the use of an electronic system. All the staff had access to the system for reporting and recording incidents, managers and senior managers were able to access local information quickly and monitor and manage the wards effectively. We also noted that this information could be quickly accessed by senior staff within the trust. We were able to establish all information and detail around staff training, supervisions and appraisal rates, staffing levels and rotas were easily accessible and ensured the correct skill mix.
- Some staff told us they felt they spent a lot of time on data inputting and incident reporting, however were able to demonstrate an understanding of why this data collection was necessary in order to provide safety and drive improvements.
- We looked at incident reporting on all the wards and saw their systems were robust and identified risks and outcomes including lessons learned. Staff we spoke to felt confident in reporting incidents.
- All ward managers or deputies we spoke to were able to show us how performance of the team was managed and we saw specific action plans around non-compliance of training, supervisions and staff performance issues.
- All the ward managers we spoke to were able to show us how risks were escalated to senior management and stored within the risk register. Staff felt they were able to raise risks to their managers and that these were acted upon when indicated on a local level.

Leadership, morale and staff engagement

- There was a minor reduction in sickness and absence rates on the wards on average over the last 13 months from 8.9% to 7.8%. We saw that sickness was being managed on the wards and people on long term sick had support plans in place and managed under relevant trust policies.

Are services well-led?

Requires improvement 

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

- Staff we spoke to told us they felt safe raising concerns around bullying or harassment, and felt confident that issues raised would be acted upon by management. One member of staff gave us an example of how management on one unit had 'turned around' a bullying culture and supported staff through a difficult time of low morale. At the time of our inspection we were not made aware of any allegations of bullying or harassment.
- Staff had a good understanding of whistleblowing procedures and felt confident in using them if needed.

Commitment to quality improvement and innovation

- We saw the trust was aiming to aid quality improvement in innovative ways. This was demonstrated by the development with the local university of a new professor of integrated care as a joint appointment across the two organisations. The role was designed to help the trust in developing new models of care through academic research and evaluation which would improve clinical outcomes for patients but also aid in more efficient working.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity

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

Diagnostic and screening procedures

Treatment of disease, disorder or injury

Regulation

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

We found that patients were not protected against the risks associated with unsafe or unsuitable equipment and premises. Monitoring and checking safety equipment was not carried out consistently with significant gaps in recording on Herm, Alumhurst and Chalbury wards. There was no clear and ratified fire procedure on Chalbury Unit. Bedroom doorframes at Melstock House did not allow wheelchair access. We found there was restricted access to the outside space on Chalbury Unit and Alumhurst wards and no formal arrangements in place to facilitate access.

This was in breach of Regulation 15 (1) (b) (c) (e) (f) of the Health and social Care Act 2008 (Regulated Activities) Regulations 2014

Regulated activity

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

Diagnostic and screening procedures

Treatment of disease, disorder or injury

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

We found that patients were not being protected against unsafe care and treatment. Plans for mitigating risks were not safely reflected in all plans on Alumhurst or St Brelades Wards

This is a breach of Regulation 12 (1) (2) (a) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2008

Regulated activity

Regulation

This section is primarily information for the provider

Requirement notices

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

Diagnostic and screening procedures

Treatment of disease, disorder or injury

Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect

We found that patients' dignity and privacy were not being protected suitably or monitored on Alumhurst Ward and Melstock House. There was no evidence of individual discussion about personal wishes around management of privacy.

The privacy and dignity of patients on Alumhurst ward accommodated in the bed bays were not being protected due to the sleeping environment. Beds were separated by curtains and personal care taking place within the bays.

This was in breach of Regulation 10 (1) 10 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Regulated activity

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

Diagnostic and screening procedures

Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

We found that the trust have not responded to feedback in a timely way when environmental risks on Chalbury Unit raised, no system in place to communicate how this feedback will lead to improvements. This is a breach of Regulation 17 (2) (e) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014