Devon Partnership NHS Trust

Franklyn Hospital

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, information from our 'Intelligent Monitoring' system, and information given to us from people who use services, the public and other organisations.

Summary of findings

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Summary of findings

Overall summary

Franklyn Hospital is on the outskirts of Exeter. We inspected two wards at Franklyn Hospital which provide services to older people. Belvedere ward is a 16-bedded assessment unit for people living with dementia, and serves the community of Devon. Rougemont ward provides assessment and treatment for adults aged 65 and over with mental health difficulties who live in Exeter, Mid & East Devon.

We found many good areas of practice at Franklyn Hospital. The services provided a safe and secure place for people to stay, where staff cared for them in the least restrictive way. Although both wards we inspected had qualified nurse vacancies there were sufficient staff available to support people. Where people did not have mental capacity to make decisions, appropriate steps were taken to promote their rights through the use of best interest meetings and the involvement of carers.

People using services had multi-disciplinary assessments, which took account of their needs. People using the service and their carers where appropriate, were involved in discussions about treatment options available and decisions about ongoing care. People using services and their carers all told us the staff treated them with kindness and respect.

Staff told us that they had the training and support they needed for their roles. There was a positive and open culture within the staff team and good communication with staff from other services. Incidents were recorded and investigated appropriately and learning from incidents and complaints took place.

The hospital could improve the service for people by ensuring the arrangements to access physiotherapy and tissue viability is formally arranged. The hospital could also consider giving carers of people using the service on Belvedere ward access to further support.

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Learning from incidents had been used to improve practice on both Belvedere and Rougemont ward and was shared more widely within the older people's services.

The ward environments were safe, clean and suitable for older adults. People had unrestricted access to fresh air.

Staff were trained in safeguarding and aware of whistleblowing procedures.

Risk assessments were reviewed regularly and involved people using services and members of the multi-disciplinary team.

Medicines were managed appropriately. Although both wards we inspected had qualified nurse vacancies there were sufficient staff available to support people.

Are services effective?

The services provided at Franklyn Hospital reflected current clinical guidance and standards.

There were quality assurance processes in place across both wards to monitor the quality of care people received. We saw that different disciplines contributed to care plans and risk assessments for people using services.

Are services caring?

People or their representatives where appropriate were involved in decision making. Where people did not have the capacity to consent best interest decisions were made on their behalf.

Staff interacted in a positive and respectful way with people using the service.

Staff are appropriately supporting people who use the service when they have complex or challenging behaviours.

Are services responsive to people's needs?

The discharge planning for individuals was well organised and coordinated with community services. Complaints were investigated and changes made to practice where necessary.

Access to physical healthcare was available although formalized arrangements needed to be made for physiotherapy and tissue viability services. There was limited access to psychological assessment for people using services on Belvedere ward.

Are services well-led?

Staff across both wards told us that they felt engaged with the values and visions of the trust and there was an open culture on the ward. The clinical leads on Belvedere Ward supported staff. The ward manager on Rougemont ward played an integral role in local governance.

Summary of findings

What we found about each of the main services at this location

Mental Health Act responsibilities

We did not monitor responsibilities under the Mental Health Act 1983 at this location, however we examined the Provider responsibilities under the Mental Health Act at other locations and we have reported this within the overall Provider report.

Services for older people

Franklyn Hospital provided a safe and secure place for people using services to stay, where staff cared for them in the least restrictive way. Staffing levels were appropriate to care for people using services safely and people told us they felt safe. Where people did not have mental capacity to make decisions, appropriate steps were taken to promote their rights through the use of best interest meetings and the involvement of carers.

People using services had multi-disciplinary assessments, which took account of their needs. People using the service and their carers where appropriate, were involved in discussions about treatment options available and decisions about ongoing care. People using services and their carers all told us the staff treated them with kindness and respect.

Staff told us that they had the training and support they needed for their roles. There was a positive and open culture within the staff team and good communication with staff from other services. Incidents were recorded and investigated appropriately and learning from incidents and complaints took place.

The hospital could improve the service for people by ensuring the arrangements to access physiotherapy and tissue viability is formally arranged. The hospital could also consider giving carers of people using the service on Belvedere ward access to further support.

We did not access surveys at this location but we did speak to people using services and their carers or representatives and have reported on what people told us at inspection in the section below.

Summary of findings

What people who use the location say

We did not access surveys at this location but we did speak to people using services and their carers or representatives and have reported on what people told us at inspection in the section below.

Areas for improvement

Action the provider COULD take to improve

- Ensure formal arrangements are in place to support people using the service to access physiotherapy and tissue viability services.
- Consider ways to provide carers of people using services on Belvedere ward access to further support.

Good practice

- Our inspection team noted the following areas of good practice:
- We saw that staff and people using services interacted positively and respectfully with each other.
- We found collaborative working across the multi-disciplinary staff team.
- The hospital provides a safe and clean environment which was designed to meet people's needs.
- There is a strong culture of learning from incidents to improve the quality of care people received.

Franklyn Hospital

Detailed findings

Services we looked at:
Services for older people

Our inspection team

Our inspection team was led by:

Chair: Professor Tim Kendall, Medical Director, Sheffield Health and Social Care NHS Foundation Trust

Team Leader: Care Quality Commission

Our inspection team at Franklyn Hospital was led by a CQC inspector and included a Nurse Consultant for the Promotion of Safe & Therapeutic Services and a professional with NHS executive level mental health trust management experience.

Background to Franklyn Hospital

Franklyn Hospital is on the outskirts of Exeter. We inspected two wards at Franklyn Hospital which provide services to older people. Belvedere ward is a 16-bedded assessment unit for people living with dementia, and serves the community of Devon. Rougemont ward provides assessment and treatment for adults aged 65 and over with mental health difficulties who live in Exeter, Mid & East Devon.

Devon Partnership NHS Trust which is a Mental Health and Learning Disability Trust was established in 2001 and has six hospital sites across Devon and Torbay. The trust employs approximately 2,500 staff and also has 100 staff assigned from Devon County Council and Torbay Unitary Authority, including social workers and support workers. Devon Partnership Trust serves a large geographical area with a population of more than 890,000 people and has an annual budget of around £130 million. The trust services fall into three areas of care:

Mental Wellbeing and Access – for people experiencing a common mental health problem for the first time who need more help than their GP can provide.

Recovery and Independent Living – for people with longer-term and more complex needs.

Urgent and Inpatient Care – for people with severe mental health difficulties, in crisis or experiencing distress and who may require a stay in hospital.

At any one time, the trust provides care for around 19,000 people in Devon and Torbay. The vast majority of these people receive care and treatment in the community. A small number may need a short spell of hospital care to support their recovery if they become very unwell and an even smaller number will have severe and enduring needs that require long-term care. Teams include psychiatrists, psychologists, specialist nurses, social workers, physiotherapists, occupational therapists and support workers.

This report describes our judgement of whether Franklyn Hospital delivers safe, effective, caring, responsive and

Detailed findings

well-led services. It is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from patients, the public and other organisations.

Why we carried out this inspection

We inspected this provider as part of our in-depth mental health inspection programme. One reason for choosing this provider is because they are a trust that has applied to Monitor to have Foundation Trust status. Our assessment of the quality and safety of their services will inform this process.

How we carried out this inspection

Before visiting, we reviewed a range of information we held about the hospital and asked other organisations and local people to share what they knew about the mental health services provided by the trust. We carried out an announced inspection to Franklyn Hospital on 4 and 5 February 2014. During our visit we spoke with staff working on the wards including three doctors, seven qualified nurses, three nursing assistants, two occupational therapists and a psychologist. We talked with eight people who use services and people who care for them. We observed how people were being cared, including by using the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We also reviewed records of people who use services.

To get to the heart of people who use services' experiences of care, we always ask the following five questions of every service:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

The inspection team always inspects the following core services at each inspection:

- Mental Health Act responsibilities
- Acute admission wards
- Psychiatric intensive care units and health-based places of safety
- Long stay/forensic/secure services
- Child and adolescent mental health services
- Services for older people
- Services for people with learning disabilities or autism
- Adult community-based services
- Community-based crisis services
- Specialist eating disorder services
- Other specialist services inspected

Mental Health Act responsibilities

Information about the service

Both Belvedere and Rougemont ward use the Mental Health Act to detain people using services where this is considered necessary. When we inspected the service a small number of people were detained on section 2 and 3 of the Mental Health Act 1983. We did not monitor responsibilities under the Mental Health Act 1983 at this location, however we examined the Provider responsibilities under the Mental Health Act at other locations and we have reported this within the overall Provider report.

Summary of findings

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Services for older people

Information about the service

Franklyn Hospital provides assessment and treatment for older people with mental health needs, as part of Devon Partnership Trust. It was refurbished in 2011 to improve facilities and now houses two wards. Belvedere ward is a 16-bedded assessment unit for people living with dementia, and serves the community of Devon. Rougemont ward provides assessment and treatment for older adults with mental health difficulties over the age of 65 who live in Exeter and East Devon. Both wards are registered to detain people under the Mental Health Act 1983 (MHA), if needed. Belvedere ward was part of the Older Persons Directorate and Rougemont ward was operationally accountable to the Older Persons Directorate with line management arrangements delegated to the Adult Directorate.

Belvedere ward was visited by our Mental Health Act Commissioner in July 2012 to monitor the use of the MHA. The commissioner raised concerns which included poor staffing levels, an increase in incidents of violence and aggression, a lack of assessment of people's mental capacity to consent to medical treatment and no consideration of deprivation of liberty for people who expressed a wish to leave. In September 2012 the hospital was inspected by the Care Quality Commission when it was found to be meeting all essential standards in quality and safety in areas of dignity and respect, food and drink, protecting people from abuse, safe staffing and record keeping.

Summary of findings

Franklyn Hospital provided a safe and secure place for people using services to stay, where staff cared for them in the least restrictive way. Although both wards we inspected had qualified nurse vacancies there were sufficient staff available to support people. Where people did not have mental capacity to make decisions, appropriate steps were taken to promote their rights through the use of best interest meetings and the involvement of carers.

People using services had multi-disciplinary assessments, which took account of their needs. People using the service, and their carers where appropriate, were involved in discussions about treatment options available and decisions about ongoing care. People using services and their carers all told us the staff treated them with kindness and respect.

Staff told us that they had the training and support they needed for their roles. There was a positive and open culture within the staff team and good communication with staff from other services. Incidents were recorded and investigated appropriately and learning from incidents and complaints took place.

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Services for older people

Are services for older people safe?

Learning from incidents

Both wards submitted records of incidents through a data management system. Following a number of incidents involving falls, slips and trips, Rougemont ward had piloted a positive monitoring and support approach. Staff approached people using services proactively, at a set frequency throughout the day depending on the needs of the person, to ask people if they needed any support. They also monitored their foot wear and mobility aids, and made sure that drinks were easily available. We observed this positive support approach on both wards. Staff were able to identify how frequently people should be approached in this way and were aware of the level of risk of falls people presented with. Staff were also aware of how to report any incident on the ward. This meant that the effectiveness of the approach could be reviewed.

An investigation report for an incident that had occurred on Rougemeont ward in 2013 recommended a change in local policies following the incident and that the number of staff supporting people who required a hoist for bathing had been increased. The recommendations had been incorporated in to practice: we observed a sign reminding staff of this policy displayed on the ward and staff were aware of the policy. The investigation report and recommendations had been shared widely within relevant teams in older people's services to support learning throughout the trust. Staff on Belvedere ward told us how they had changed staffing numbers in response to a series of incidents involving challenging behaviour.

Safeguarding people

Staff on both wards told us how they would appropriately manage any safeguarding concerns by ensuring people were safe, recording evidence, and reporting concerns. On Rougemont ward staff were aware of whistleblowing procedures and knew to report any concerns to senior managers or externally to the Care Quality Commission if necessary. Staff we spoke with on Belvedere ward were not all aware of the trust's whistleblowing procedures although they all told us they would not ignore abusive behaviour from other staff should it occur. Staff felt confident they would be supported in raising concerns. People across both wards, and their carers, told us they felt safe at the hospital. Appropriate referrals had been made to local safeguarding teams where necessary to ensure people were safe.

A safe environment, allowing for privacy and dignity

People were supported in safe, clean environments on both wards. People using the service had access to fresh air at all times. An outside courtyard on Belvedere ward had been designed with external funding, and had taken account of people's sensory needs. The occupational therapist on the ward specialised in sensory deprivation and had used this specialist knowledge to support environmental design. For example some communal areas were decorated with historical photographs. Clear signposting was in use on the ward, to support people in identifying the location of the bathrooms, toilet and communal areas. The Trust had been successful in a bid to the Kings Fund to develop a "healing environment" which had led to many of the improvements in Belvedere Ward.

People using the service on Belvedere ward described the environment as "peaceful" and "calm" and people using the service on Rougemont ward told us they found the ward a safe place to be treated. Equipment and treatment rooms, as well as store rooms for linen, were clean and well organised on both wards. For example the sluice room on Rougemont ward was clean and well ventilated. Cleaning audits were carried out on both wards and the results of hand hygiene audits were displayed on a notice board to inform people using the service, staff and visitors of current hand hygiene levels. Hand hygiene compliance ranged from 80 to 90 per cent over the four months prior to inspection which meant that most staff observed had a good hand washing technique. Staff attended monthly quality and safety meetings on the ward where hand hygiene results were discussed to remind staff to follow procedures.

All bedrooms for people had ensuite facilities. People were offered rooms in male or female corridors, but occasionally these corridors were mixed due to the gender of people being admitted. In this case a risk assessment was carried out before a woman was placed in a room next to a man and vice versa. Both wards had quiet lounges or all-female

lounges available if required. Belvedere ward had a 'sanctuary' room where people could go to spend quiet time, and a 'snug' where people could see visitors in private or take time away from the ward on their own.

There was a good line of sight on both wards allowing staff to clearly see if a person required support.

Medicines and equipment

A sample of medicine charts were checked and were completed appropriately. Medicines required in the case of a medical emergency, as well as oxygen and suction equipment, were checked regularly and were in date which meant they could be used safely. There was information available for people using services to read about their medication to inform them of possible side effects.

A briefing document on medicines management was available on file which included a checklist to guide staff in safe administration of medicines. On Belvedere ward there was a photograph available of each person using services to allow staff to be sure they administered medicines correctly, and allergies were noted on people's medicine chart.

Records for controlled drugs showed regular safety checks were carried out. For example any errors in this record book had been reported as incidents, and a note made of the incident report number alongside the error in the record book. This allowed staff to track the incident and be sure it was managed appropriately. Staff on Belvedere ward were able to describe a safe medicine administration process, including an awareness of the need to monitor people for side effects. Written guidance available in the medication room contained clear identification of risks and the need to monitor physical health for people undergoing rapid tranquillisation on the ward and we saw that a monitoring form had been fully completed for a person who had received this treatment.

There were weekly quality checks made of medication charts during ward review meetings, and the pharmacy carried out three monthly audits. Any issues found were discussed at ward meetings and with individual staff to improve their medication administration practice.

Equipment which supported people with mobility, such as hoists and wheelchairs, was available. There was a mattress in use for the relief of pressure areas but clinical leads told us they would like to purchase more of this equipment in order to be immediately prepared for people using the service who were admitted with pressure area concerns. The ward manager on Rougemont was working with the clinical lead on Belvedere ward to address this issue.

Risk management

The ward manager and clinical leads on both wards monitored issues such as staff supervision and training through use of the trust dashboards. This helped them to maintain an awareness of areas that required improvement. For example the clinical lead for Belvedere ward explained how the dashboard had alerted them to ensure all staff received supervision, and staff working on the day of inspection were all up to date with supervision.

A flow chart was displayed on Belvedere ward to support staff in identifying people who were at risk of falls and recording this risk as well as planning care to manage the risk.

Safe staffing levels

There had been previous staff shortages at the service and the trust had addressed this by increasing the staffing numbers on Belvedere ward. A volunteer who visited the service weekly confirmed they observed that there were sufficient staff to support people eating, which was an improvement from a year ago.

Both wards had shift patterns which allowed for a lengthy handover time during the day shift and we saw 10 staff on duty at this time. This meant that staff could complete necessary paperwork, support people to access leave and spend time talking with people using services. Staff valued this time and one staff member used the time to visit people at home who were on leave from the service to provide additional support. Other staff used time to renew mandatory training or take part in supervision.

There were some qualified nurse posts vacant across both wards but these had been advertised. Meanwhile regular NHS Professionals and agency staff, who had been inducted to the ward, were employed to ensure safe staffing numbers and consistency of care. Staff confirmed there were enough staff to care properly for people. We observed breakfast on Belvedere ward and that people were supported to eat in a calm non-hurried environment, and staff spent individual time with them talking with and encouraging them. People using the service on Rougemont ward told us that there were enough staff available to

support them, and they were always able to spend time with their named nurse to discuss their care plan or any concerns. People told us that they also felt supported at night.

However, one person told us there had been a delay in the admission process when they arrived at the hospital out of hours. The delay had caused distress to the person and their carer. The person felt comfortable to raise the issue with their consultant and hospital staff. Staff told us that although there were two junior doctors working at the hospital during the day, after five pm they had to wait for a doctor to travel from another hospital site and this could cause delays although the junior doctors prioritize their work based on clinical need.

Staff were trained in life support and management of violence and aggression. Staff were up to date in these training courses and the staffing rota was monitored across both wards to ensure staff with current training in immediate life support and management of violence were available and easily identifiable on each shift.

Are services for older people effective?
(for example, treatment is effective)

Use of clinical guidance and standards
Staff on Belvedere ward interacted with people and used additional support objects such as empathy dolls in a way that reflected current national guidance. While not all staff had accessed guidance directly, the ward consultant had delivered dementia training on Belvedere ward which had incorporated national guidance and recommendations.

Staff on Rougemont ward were aware of national guidance and best practice in areas such as management of behaviour that challenges and pressure area care and were able to describe how the guidance was incorporated in to their practice.

Monitoring quality of care
The service regularly monitored issues such as care plan quality, medicine administration and cleanliness. There were leads on each ward for audit areas such as hand hygiene and cleanliness. Staff on Belvedere ward were aware that hand hygiene was monitored through observation and completion of a checklist, and individual staff were spoken with about improving their technique.

The infection control lead for this ward also attended the ward safety and quality meeting to encourage staff to address hand hygiene issues such as when to use anti-bacterial hand gel and gloves.

Collaborative working for assessments, care planning and access to health services.
Staff reported the assessment process for identifying if hospital admission had worked well on Rougemont ward. The referring community team were also available to offer support when a person was discharged therefore ensuring continuity of care and that discharge took place at the most effective time for the person using the service.

There was input to a person's assessments and care planning from a range of disciplines such as psychiatry, psychology, occupational therapy and nursing evident in people's records. Community care co-ordinators were invited to, and often attended, people's ward review meetings and discharge planning. The psychologist on Rougemont ward offered up to three assessment sessions for people using the service who were referred. The psychologist was able to input in to the person's care planning and also refer them to a waiting list for further psychological therapy if suitable.

One person required medication to be given covertly and this had been agreed in the person's best interests. The pharmacy team had been involved in developing the person's care plan and there was guidance available for staff on how to administer the medication. This ensured that the person was receiving the medication effectively.

Staff qualifications, experience and competence
Belvedere ward used a comprehensive induction checklist list which included issues such as fire alarm and evacuation procedure, personal safety and access to the computer system for new and temporary staff. NHS Professional staff were also supported by a member of the permanent ward staff to take part in the regular checks on people so that they became orientated to the ward and people using the service.

As well as specific training available to staff in areas such as dementia and tissue viability, on Rougemont ward the psychologist offered fortnightly reflective practice sessions to staff of all grades. Staff told us they learned a lot from these sessions and it helped them to work with people using services in a more effective way. We spoke with the

carer for a person using the service who told us that staff were able to manage the person much better than they were able to at home. The carer told us that they had confidence in the competence of staff.

The occupational therapist on Belvedere ward had specialist knowledge and experience in sensory deprivation and had been invited to give a talk on this for a local university. The occupational therapist received specialist external supervision to further develop their skills and understanding around sensory work with people. People using the service were able to work with the occupational therapist and create a life story DVD which supported their communication and familiarity with past events.

Staff received regular supervision. A supervision chart on the wall of the staff room on Belvedere identified a named supervisor for all staff. A staff member told us how their regular supervision identified training and development needs which were fed in to their personal development plan. Several staff across both wards told us how they were able to express their opinions and help to shape people's care plans. Staff felt supported and listened to. On Rougemont ward all but one staff member had a completed annual appraisal and the remaining staff member was due to complete their appraisal in the month of February 2014.

Adherence to the Mental Health Act Code of Practice

We found that although both wards had locked doors, people we spoke with told us they could ask to leave at any time if they were not detained under the Mental Health Act (MHA). We found that when we reviewed a sample of records these documented the date that staff had supported people to understand their rights under the MHA. One person using the service did not speak English, and records showed an interpreter had been engaged to help this person understand their rights. Most staff we spoke with were aware of the external advocacy services but a small number of staff were unsure how to contact an advocate if required by a person using the service.

Staff on Rougemont ward had received face-to-face training on the Mental Health Act 1983 and all but three out of 29 staff were in date with MHA training. There was a lead on both the MHA and Mental Capacity Act 2005 on the ward to provide additional support and guidance. The majority of staff had completed training in MCA.

Are services for older people caring?

Choices in decisions and participation

People were supported to make choices, such as what they would like to eat and where they would like to spend time. The occupational therapist on Rougemont ward facilitated a fortnightly community group where people were encouraged to express their views about the service and make choices about activities held on the ward. For example, there was a request for people to identify films they would enjoy watching at a film night and two of these choices had been acted on at the time of the inspection. There was a suggestion box available on Rougemont ward for people using services to express their views about the ward and their care and treatment.

People or their representatives were involved in decisions about their care. Assessments of people's capacity to give consent had been made regarding specific decisions. For example, a person had been assessed as not having the capacity to make a decision about future accommodation. The person's representative had been invited to a meeting in order to make a decision in the person's best interests and this was clearly documented in the record. Some people we spoke with on Rougemont ward told us they were consulted with about their care plan and could sign the care plan if they agreed with it. People's views were recorded in their care plan. For example one person had been assessed as having capacity to consent and it was recorded that the person had agreed with their care plan and treatment.

People were involved in decision making during reviews of care and treatment meetings and there was an open dialogue regarding their risk assessment. People using the service could invite a family member or advocate or friend to the meeting if they chose. There were telephone conference facilities to ensure family could be involved in meetings even if they could not travel to attend in person so they could fully participate in decisions about their loved ones care if appropriate.

On Belvedere ward a person using the service had a form in place regarding decisions about what sort of medical treatment would be appropriate should they experience a medical emergency. However the form had not been fully completed with reference to the person's capacity to be involved in decision making. The doctor told us that they

would review the form and ensure it was completed fully. However other care plans reviewed showed that people or their carers had been involved in making decisions and capacity to consent had been assessed.

Effective communication with staff

Interpreter services could be accessed where required. For example a non-English speaking person using services on Rougemont ward had been supported by an interpreter during meetings to review their care and the person's records confirmed the interpreter had attended such meetings on three occasions since their admission to the ward in January 2014.

People told us they could access an advocate or have a family member attend meetings with them. One person described the hospital consultant as "the best psychiatrist I have ever come across" and explained that they felt they were working together with the staff team to make decisions about their treatment. A person also told us they had a named nurse to discuss their care plan with. We saw people had been involved in the review of their care from clinical records.

The occupational therapist facilitated fortnightly community meetings on Rougemont ward. The meetings were an opportunity to make decisions about the ward and discuss any issues. The minutes for the meetings were kept in the lounge area for people using services to access. At the meeting on 31 January 2014 people had expressed their views about issues such as privacy and dignity, food, activities and the ward environment. A person using the service had described the ward as being "like a good hotel" when asked for their opinion on the service.

On Belvedere ward we observed staff interacting with people who could sometimes be confused about their stay in the hospital. We observed that staff engaged with people in particular ways recommended for supporting people with dementia, such as validating the person's feelings. One person using the service told us that the staff were "the kindest folk I have ever come across".

Support for people's needs

People and their relatives told us they felt supported and their needs were met by the hospital. For example on Belvedere ward a person's risk assessment identified a risk of falls, and their care plan guided staff to support the person to walk by holding their hand, and this is the way we observed staff to support the person during the inspection. On Rougemont ward we observed the occupational therapist discuss a plan to carry out a home visit to a person on temporary leave who was experiencing distress with the consultant psychiatrist in order to meet the person's needs.

Rougemont ward had a notice board offering information and guidance for carers of people using services. However Belvedere ward did not specifically offer any formal support to carers of people with dementia, and this was confirmed by staff who said it was an area they were working towards. A relative visiting their loved one said they had not been given any additional information about support for carers and they would appreciate this, although they told us that staff on the ward were very supportive towards them. This was an unmet need for this carer.

Recovery Services

Staff had a good understanding of how recovery principles applied to the people using their services on both wards. A clinical lead told us how the 'This Is Me' document described people's lives in detail could be used to support people in enhancing and maintaining their skills and capabilities in line with the recovery approach. We heard staff refer to information in this document when supporting people. A person using services on Rougemont ward told us how there was an opportunity for people to document their recovery stories for others to read if they wished, and we saw an information board about Recovery on Rougemont ward.

Privacy and dignity

During our observations of staff interacting with people on both wards we noted that these interactions were positive and people were treated with dignity and respect. For example we saw staff supporting people to walk in an unhurried way and ensuring their clothing was appropriately fastened. People on Rougemont ward told us they had a key and could lock their doors when they were not in their own room if they wished which helped them to maintain privacy.

This was supported by a recent post discharge survey of 20 people which said that 75 per cent of people using services said they felt their privacy was respected and 90 per cent said they were treated with respect. Two people we spoke with on Rougemont ward told us staff were very caring and kind, and relatives of people we spoke with on Belvedere ward agreed with this.

Services for older people

Restraint

The records of incidents on Belvedere ward showed that restraint had been used more frequently in August 2013. Staff explained that during this time a person using services had been very unwell. Additional staff had been asked to work on the ward during this period to support the person. Staff were aware of how to support someone who was distressed or agitated in the least restrictive way. Care plans guided staff to use calming techniques and offer people some quiet time, or a distraction such as a cup of tea or looking at photographs, if people experienced agitation or aggression. There was an extra care room shared between both wards which could be used to support people who were agitated or aggressive and staff were aware of the benefits of a low stimulus environment. A sensory machine was available on Belvedere ward with optic fibres and lights to provide a calm atmosphere.

Staff had been trained in restraint and were aware of appropriate techniques to restrain older adults if required which meant that people were restrained in a safe manner.

Are services for older people responsive to people's needs?

(for example, to feedback?)

Services meeting the needs of the local community

The dementia assessment service on Belvedere ward provided a specialist dementia service for the whole of Devon county. This meant that some people had to travel a long way, and they told us transport was expensive, in order to visit their loved ones. When Belvedere ward was full people were sometimes admitted to Rougemont ward until a bed was available on Belvedere ward: a relative told us this was unsettling for their loved one. The clinical psychologist told us that if people using the service on Rougemont ward required psychological therapy following assessment they would be referred to a waiting list to see a psychologist in their home area. The psychologist estimated the waiting list for older adults in the Exeter, east and Mid-Devon area was currently about five months. There was no regular access to a psychological assessment for people using the service on Belvedere ward after the psychologist who covered this ward had left and therefore there was a risk that people's needs may not be met in a timely manner.

Work of the trust reflects Equality, Diversity and Human Rights

People told us their spiritual needs were met by the service. A chaplain visited the service regularly but people using services could discuss other religious beliefs with the chaplain and referrals could be made to other faith ministers. Volunteer chaplaincy visitors also attended the hospital to visit people using services on a weekly basis which meant people using the service were able to seek support more frequently if they wished. We saw notices advising people of the chaplaincy service.

We saw that an interpreter service had been used for one person on Rougemont ward at appropriate times, and other communication tools such as using pictures and symbols were used when the interpreter was not present. Staff had requested the same interpreter attend each time to support the person using services to allow for consistency and records showed this had been achieved.

Providers working together during periods of change

Medical staff told us that the consultant psychiatrist for Franklyn Hospital was very knowledgeable about physical health issues and was also able to refer people using the service to specialists at the local general hospital if required. The consultant told us that people did not suffer delays in discharge from hospital because they were awaiting appointments for scans or other procedures because these could be arranged quickly. The doctors at the hospital agreed it would be useful to have regular input from services such as physiotherapy, ear nose and throat and chiropody but that currently this was not available. The ward manager on Rougemont ward told us the issue of access to primary and community services was being addressed at the time of inspection but because no service level agreements with the physiotherapy and tissue viability services were in place this had impacted people's access to physical health care for non-urgent conditions across both wards. A post-discharge survey on Rougemont ward showed that people felt their physical health needs were met at least to some extent with the priority being their mental health so the impact on people of these issues was not significant at the time of inspection.

The discharge process had improved since ward administrators had been appointed to help support staff in arranging discharge. The ward administrators on both wards monitored the progress of discharge arrangements

for people. People's records confirmed that they could be discharged with support from the crisis care team if waiting for another community team to support them would cause the person's condition to deteriorate. Ward staff had a good relationship with the community teams which helped discharge plans to be effective for people. Staff from the community team attended people's weekly reviews and contributed to discharge planning which was evident in the records we reviewed.

Learning from complaints

The service on Rougemont ward responded to complaints. For example a serious complaint had been made regarding the development of a pressure sore while a person was using the service. The complaint had been fully investigated by the trust and an independent expert. Several measures were put in place to address contributing factors such as the staff team had received specialist training which had been extended to Belvedere ward. This included training in completion of a pressure area risk assessment in order to better identify people at risk.

Staff were aware of the complaints process and how to escalate concerns, although some staff were not aware of how many complaints the ward had received or any common themes in complaints which could support further learning.

Written information was available on making a complaint: for example Belvedere ward had an information leaflet covering the complaints procedure. However not everyone we spoke with who was using the service was aware of how to make a complaint although people said they would feel comfortable approaching staff. People told us they felt confident that the ward manager or clinical leads would deal with any complaint they had.

Are services for older people well-led?

Governance arrangements

Staff at all levels on both wards were aware of some of the trust's values and priorities. For example a clinical lead told us that the trust valued the recovery approach and how this was applied to the older people's service. A nursing assistant told us that they believed the service should be good enough for a member of their own family, which was one of the trust's visions.

Belvedere ward held quality and safety meetings monthly at which they could discuss the results of local audits as well as learning from trust wide audits. The senior nurse manager for the adult directorate also fed information from the trust's own quality monitoring process and analysis of incidents back to staff at ward level on Rougemont ward. Monthly audits were carried out: for example to ensure safe administration and storage of medicines including regular monitoring of fridge temperatures.

Senior nurse managers attended governance meetings which reviewed safety dashboards monthly and this monitoring had allowed them to identify a dip in supervision rates which was then discussed with the ward manager to action. We saw that most staff had received supervision in the last month at the time of our inspection.

Engagement with people using services

People across both wards we spoke with told us they could approach staff including the ward manager or clinical leads to express their views about the service. People using the service on Rougemont ward were also able to feed any suggestions back to ward management level through a suggestion box or community group.

Rougemont ward had developed a system to obtain and respond to the experiences of people using the service, called the patient evaluation review. People using the service were invited to come back and meet with members of the staff team to discuss the person's experience of the ward. Post discharge questionnaires were also used to capture people's views of the service which were positive across both wards. Minutes of a January 2014 patient experience review meeting showed that staff had discussed ways of better understanding the experience of people using the service including modifying the discharge questionnaire.

Engagement with staff

Most staff we spoke with knew about a 'Listening In Action' programme in place at the trust but not all had heard about changes taking place as a result of the programme. Staff on both wards told us how the nursing director had visited the ward at Christmas to speak with staff and people using the service. Other staff said they were aware of the names of the hospital board although had not met the board members, but did not see that as a problem. The ward manager and senior staff on Rougemont ward were confident that they could feed information back to board

level if necessary and there was a clear way to communicate information through the line management structure. We saw an organisational structure chart which confirmed what staff had told us.

The senior nurse manager was involved in staff business meetings at ward level where an open discussion could take place of any staff concerns and told us they would escalate any concerns through the director of nursing or the clinical director of adult services. This meant that staff had a route to engage with senior managers.

Supporting staff with challenges

Staff we spoke with told us they felt supported in their work through supervision, appraisal and training. The ward manager on Rougemont ward told us how additional management and financial management training were available. Staff told us there was an open culture on both wards at the hospital and staff at all levels felt their opinion was valued. We heard how the ward manager on Rougemont ward had offered support to staff who were on long term sick leave with serious physical illness by visiting them at home.

Effective leadership

The ward manager on Rougemont ward had developed positive relationships with other directorates and disciplines across the trust such as tissue viability advisors. This meant that the ward staff could benefit from learning, advice and training from other directorates. The ward manager was described by staff as an “excellent leader”. The clinical leads on Belvedere ward were described as working hard to support staff.

Belvedere ward did not have a ward manager working at the time of the inspection. Although the ward manager on Rougemont ward offered support to the clinical leads on Belvedere ward, there were differences in the effectiveness of the audits undertaken across the two wards. The Rougemont ward manager was part of a clinical governance group and fully monitored audit results. The mattress audit on Belvedere ward demonstrated that staff were not fully aware of the criteria for condemning damaged mattresses and although some damage was noted on the monthly audit staff were unsure of action to take. This meant that learning from local audits may not be implemented effectively and consistently across the two wards.