

Tameside Hospital Integrated Care NHS Foundation Trust

RMP

Community health inpatient services

Quality Report

Tameside Hospital NHS Foundation Trust,
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Date of inspection visit: 8 – 11 August 2016
Date of publication: 07/02/2017

Summary of findings

Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/unit/team)	Postcode of service (ward/unit/team)
RMP07	The Stamford Unit at Darnton House	The Stamford Unit	OL6 6RL

This report describes our judgement of the quality of care provided within this core service by Tameside Hospital Integrated Care 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 Tameside Hospital Integrated Care NHS Foundation Trust and these are brought together to inform our overall judgement of Tameside Hospital Integrated Care NHS Foundation Trust

Summary of findings

Ratings

Overall rating for the service	Not sufficient evidence to rate	●
Are services safe?	Not sufficient evidence to rate	●
Are services effective?	Not sufficient evidence to rate	●
Are services caring?	Not sufficient evidence to rate	●
Are services responsive?	Not sufficient evidence to rate	●
Are services well-led?	Not sufficient evidence to rate	●

Summary of findings

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Summary of findings

Overall summary

The Stamford Unit at Darnton House had only recently opened for patient use and therefore we were unable to gain sufficient information to provide a rating for this service. In summary we found that:

- The ward area was fit for purpose, clean and spacious.
- Incidents were reported through effective systems and lessons learnt or improvements made following investigations were shared.
- Staff followed good hygiene practices and there were good systems for handling and disposing of waste.
- There was evidence of multidisciplinary team working with regular meetings held to review patients' ongoing needs.
- Staff had access to information they required, for example diagnostic tests and risk assessments.
- Best practice guidance in relation to care and treatment was followed.
- The service was planning to participate in local audits in the near future.

- The care provided by the service was patient centred and patients were involved in their care and planning individual goals.
- Patients were observed receiving compassionate care and their privacy and dignity were maintained.

However:

- Staffing levels were not always sufficient and there was a high reliance on bank and agency staff members. Recruitment was ongoing to fill current vacancies.
- Patients' records were not completed contemporaneously in all cases.
- There were not sufficient processes and systems in place to manage patients who had a do not attempt cardio pulmonary resuscitation order in place.
- Patients' choices in relation to their resuscitation status were not taken into account and were not always respected.
- Staff were not aware of their role and responsibilities around the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards.

Summary of findings

Background to the service

Information about the service

As part of our inspection we visited the community inpatient services at the Tameside Hospital during our announced inspection between 8 and 10 August 2016 as part of a comprehensive inspection. We spoke with patients and relatives, observed care and treatment and reviewed 7 patient records, including observation charts, medication charts and full care records. We spoke with a range of staff at different grades including nurses, general practitioners, health care assistants, reception staff, senior managers and matrons.

Community inpatient services were provided in the Stamford Unit at Darnton House, a location managed by Tameside and Glossop Integrated Care Foundation NHS Trust. This unit provided community inpatient services for patients awaiting discharge to the most appropriate care setting or their own home. These patients lived across the central Tameside and Glossop area.

The unit had 32 beds, of which 22 were open and in use at the time of our visit. These beds were used to accommodate patients who were getting ready to be discharged to either their own home or a suitable place of care. The unit offered a less acute environment for patients who were deemed to be medically fit for discharge. The unit had a number of additional rooms including a fully functioning kitchen and dining room area where patients could make simple meals and socialise, two living room areas and a library room. Each bedroom had its own en suite bathroom with an accessible shower section.

We received comments from our listening events and from people who contacted us to tell us about their experiences. We also reviewed performance information about the trust. We spoke with five staff of all grades and three patients who were receiving care in the unit.

Our inspection team

Our inspection team was led by:

Chair Professor Iqbal Singh OBE FRCP, is a consultant in medicine for the elderly,

Head of Hospital Inspections: Ann Ford, Care Quality Commission

The team included a CQC inspection manager, a CQC inspector and a specialist advisor.

Why we carried out this inspection

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

How we carried out this inspection

To get to the heart of 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?

Summary of findings

Areas for improvement

Action the provider MUST or SHOULD take to improve

Action the hospital MUST take to improve

- The service must ensure that patients' decisions in relation to resuscitation are respected.
- The service must ensure that records are stored securely.
- The service must ensure that all records are completed accurately and contemporaneously.
- The service must ensure that there is a standardised approach to DNACPR orders transferred from other areas and that this is communicated to staff.
- The service must ensure that all staff are aware of the Mental Capacity Act and DOLS and their implications and application in patient care.

Tameside Hospital Integrated Care NHS Foundation Trust

Community health inpatient services

Detailed findings from this inspection

Not sufficient evidence to rate



Are services safe?

By safe, we mean that people are protected from abuse

Summary

In relation to the safe domain we found that:

- Staff were aware of how to report incidents and feedback from incidents was provided.
- Lessons were learned from incidents and were distributed to facilitate learning.
- Safety performance was being monitored.
- Staff were aware of how to raise and manage safeguarding issues.
- Staff observed appropriate measures to protect patients from avoidable infections.
- The environment was suitable for the delivery of patient care and equipment was well maintained.
- Staff managed medicines well.
- Staff completed patients' records in legible handwriting.

- Medical staffing cover was sufficient to ensure safe patient care.

However:

- Staffing levels were not always sufficient and there was a high reliance on bank and agency staff members. Recruitment was ongoing to fill current vacancies.
- Patients' records were not completed contemporaneously in all cases.
- There were not sufficient processes and systems in place to manage patients who had a do not attempt cardio pulmonary resuscitation (DNACPR) order in place.

Safety performance

- Since the unit had only been open for three weeks at the time of the inspection we were unable to obtain and review any meaningful safety performance data.

Are services safe?

- We did however confirm that safety performance was monitored on an ongoing, regular basis at ward and service level. This was confirmed through an interview with the governance lead for the area and also the matron responsible for the unit.
- The service used a dashboard to monitor safety performance on a monthly basis and was going to be available for staff to view.
- The unit displayed safety calendars on the wall at the unit.
- Staff were beginning to use the Safety Thermometer to record and analyse data about patients' safety. This is a recognised tool used nationally by NHS organisations to measure the frequency of falls, catheter and urinary tract infections, venous thromboembolisms and pressure ulcers. Due to the short time the unit had been open there was no safety thermometer data for us to review.

Incident reporting, learning and improvement

- There was an electronic incident reporting system in place for reporting actual and near miss incidents at the unit. Staff told us that they were able to access this system easily and told us that they were encouraged to report any incidents or near misses.
- Incidents were monitored weekly and monthly by service managers and the governance lead for the unit and any incidents resulting in harm were investigated appropriately. Where actions were identified following an incident investigation, action plans were developed and monitored to avoid reoccurrence.
- There had been no incidents resulting in harm since the unit had opened three weeks prior to the inspection.
- Lessons learned were clearly documented and shared with relevant staff across services. Staff told us that they were provided with lessons learned from other areas of the trusts to share learning.
- Staff were aware of duty of candour which is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant

persons) of certain 'notifiable safety incidents' and provide reasonable support to that person. There was also a trust wide duty of candour process with supporting policy in place.

Duty of Candour

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Safeguarding

- Adults and children in vulnerable circumstances accessing the service were protected from abuse and safeguarded appropriately. Staff were aware and able to articulate how they would safeguard children and adults in vulnerable circumstances.
- The trust had robust safeguarding policies and procedures in place. These policies were based on current guidance and had been updated where appropriate to include legislative changes. Staff were aware of how to refer a safeguarding issue to protect adults and children from suspected abuse. Staff were aware of how they would access the trust intranet page relating to safeguarding.
- The trust had a designated safeguarding team who were available for advice and guidance in working hours. Outside of working hours staff could contact a senior nurse at Tameside Hospital for advice and guidance on any urgent safeguarding issues.
- Training rates for staff within the service in relation to safeguarding adults and children were unavailable as the unit had only very recently opened.

Medicines

- Medicines were managed, stored and administered appropriately in the service.
- Controlled drugs require additional checks and special storage arrangements because of their potential for abuse or addiction and also require clear and precise

Are services safe?

documentation of any wastage. Controlled drugs were stored securely in a locked cupboard and were checked daily. We reviewed logs of these checks which showed daily checking of these medications.

- There was accurate and legible recording of allergies on all prescription and nursing assessment documents we reviewed.
- Pharmacists were based at Tameside general hospital and were available for advice and support by telephone 24 hours a day seven days a week.

Environment and equipment

- All areas in the unit were visibly clean and tidy and staff had access to the equipment they required to provide patient care.
- The unit was a purpose built unit which consisted of... single bedrooms with en suite facilities.
- In order to maintain the security of patients, visitors were required to use the intercom system at the entrance to the building to identify themselves on arrival before they were able to access the unit.
- Resuscitation equipment was readily available in the unit.
- There were systems in place to maintain and service equipment. Portable appliance testing (PAT) had been carried out on electrical equipment regularly and electrical safety certificates were in date on the equipment we viewed.
- Equipment was routinely maintained and serviced.

Quality of records

- The service used electronic and paper based records. Paper records were in the form of nursing notes and medical case notes. Nursing notes were kept at the nursing station and at the bedside and medical notes were kept in record trolleys. The nursing records were stored in a lockable area and were accessible to members of the public attending the unit.
- We looked at seven care records in the unit and found that all entries were signed and legible.
- In two cases we found that intentional rounding charts (charts which are used to record how often patients are checked for comfort and pressure relief) were being

completed retrospectively. In both cases the records were delayed in excess of two hours between the care allegedly being provided and the records being completed. We raised this with the unit manager who told us that this was common practice, which she endorsed. We further raised this with the trusts senior management team.

Cleanliness, infection control and hygiene

- Standards of infection control and prevention were high in the service and there were systems in place to protect patients from health care acquired infections.
- We found that all areas used to provide patient care across both locations were visibly clean and tidy.
- Hand gel and personal protective equipment was accessible and we observed that these were utilised by staff and visitors appropriately.
- We observed that staff followed 'bare below the elbows' guidance and washed their hands during and between interventions and tasks.
- Cleaning logs for all areas were displayed, were up to date and completed appropriately.
- Staff were aware of the current infection control procedures and guidelines and told us that they could access policies and procedures via the intranet.
- Arrangements were in place for the safe handling, storage and disposal of clinical waste and sharps and we observed staff following these arrangements correctly.
- Hand hygiene audits were completed in the unit. However, results were not available as the unit had not been open for a full month at the time of the inspection.

Mandatory training

- We were unable to ascertain the training rates for staff on the unit due to the fact that the unit had only been open three weeks at the time of the inspection and training rates were to be reported on a monthly basis.
- Staff confirmed they received a trust induction on commencing work and this included temporary staff.
- Staff told us they were encouraged and supported to undertake their mandatory training and received reminders to attend training.

Are services safe?

Assessing and responding to patient risk

- Staff undertook appropriate risk assessments and implemented actions to minimise risk to patients accessing community inpatient services.
- We reviewed seven care records and found that all included a range of appropriate risk assessments and care plans that were completed on admission and reviewed throughout the patient's stay. These included risk assessments for falls, nutritional needs and pressure damage.
- Staff were able to describe how they would escalate risks to patients' safety to managers, including staffing issues and bed capacity issues.
- An early warning score (EWS) system was in use. The EWS system was used to monitor a patient's vital signs, identify patients at risk of deterioration and prompt staff to take appropriate action in response to any deterioration.
- We also observed that staff carried out regular monitoring in response to patients' individual needs to identify any changes in their condition quickly. We observed daily completion of early warning scores in patients' records, which was recorded as a base line to identify when a patient's condition deteriorated. Guidance was available for staff on when to increase the frequency of observations and escalate concerns about a patient's condition.
- There was no formal escalation policy in place for staff to follow if a patient's condition deteriorated. However staff told us they were aware of how to manage deterioration and when to escalate patients who had become more unwell. They told us that they would dial 999 and transfer to A&E if required and that they also had access to the GP out of hours service for medical advice.
- The unit manager told us that DNACPR orders completed in the acute setting were not valid if a patient transferred to the unit. However all staff we spoke with were not aware of this. We found in one patients record that there was an active DNACPR order displayed prominently at the front of their records. When we asked

a member of staff if the patient had an order in place they confirmed that they thought the order was valid. When we spoke to the unit manager they told us categorically that this was not the case. This led to a risk that patients may not be resuscitated appropriately and receive life saving care if they collapsed.

Staffing levels and caseload

- Staffing levels were at a level to meet patient needs on most shifts, with heavy reliance on agency and bank staff.
- We found that on every shift since the unit had opened there had been at least one member of staff who worked for an agency or the bank.
- We reviewed the induction checklists for temporary staff members and found that they were completed consistently. However, despite the unit manager telling us that they tended to have the same temporary staff members each shift we found that in a three week period 21 different temporary staff members had worked on the unit.
- The service had not undertake a formal acuity assessment to establish how many staff were required for each shift on the unit.
- There were two nurses and four health care assistants on each day time shift on the unit and this would reduce to two nurses and two health care assistants at night time to care for 22 patients.
- Staff told us that they felt their workload was manageable and that they had enough time to care for patients.
- Medical staffing cover was provided by general practitioners and the out of hours GP service. Cover was available 24 hours a day and was sufficient to meet patient's needs.

Managing anticipated risks

- There was a business continuity plan for community.
- There was also a major incident plan in place and this was accessible to staff via the intranet.

Are services effective?

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

In relation to the effective domain we found:

- Care and treatment was provided in line with guidelines and the service was planning to participate in clinical audits where they were eligible to take part.
- Nutrition and fluid assessments were regularly assessed and patients were well supported in meeting their nutritional and hydration needs.
- There was a focus on discharge planning from the moment of admission and there was good multidisciplinary working to support this.
- Patients' care plans and assessments were completed consistently.
- Staff said they were supported effectively and had opportunities to access clinical supervision and relevant training.

However:

- We were unable to ascertain whether all staff had received their annual appraisal.
- Staff showed a lack of awareness of the Mental Capacity Act and Deprivation of Liberty Safeguards (DOLS).
- We found that two patients on the unit who required the application of DOLS had not had this considered or completed.

Evidence based care and treatment

- We found that the care delivered to patients was evidence-based and in line with key documents such as National Institute of Clinical Effectiveness guidance.
- Staff were using national and best practice guidelines to care for and treat patients. These included guidelines on nutritional screening.
- Local audits were being undertaken at the time of the inspection but the results were not available.
- Nursing care indicator audits were also completed on a monthly basis.

- Patients' needs were assessed on admission and comprehensive care plans were formulated and delivered in line with best practice. We reviewed patients' care plans and found that these and risk assessments were completed to identify additional support needs.
- Staff had access to the trust's policies and procedures in both paper form and electronically using the intranet.

Pain relief

- Pain relief was managed on an individual basis and was regularly monitored and reviewed by doctors. There was evidence in patients records that correct type of pain relief had been prescribed appropriately and was administered when they required pain relief
- Pain was assessed and scored using the early warning score documentation.
- We observed staff asking patients if they required pain relief medication.
- Patients told us that they were asked about their pain and supported to manage it

Nutrition and hydration

- In all records we reviewed, there was evidence that nutrition and hydration had been assessed and a Malnutrition Universal Screening Tool (MUST) risk assessment tool had been completed where appropriate.
- Patients received assistance with eating and drinking in line with their individual needs.
- Staff had ready access to speech and language therapy and dietetics and referred patients based on their individual need.
- Patients told us there was plenty of choice at each meal and that the food was of a good standard.

Patient outcomes

Are services effective?

- Due to the fact that the unit had only opened three weeks prior to the inspection there was no data available in relation to patient outcomes.
- Senior staff were planning to monitor and review patients outcomes when the unit was fully established and opened.

Competent staff

- We were unable to ascertain which staff had received their annual appraisal as the unit had only been open for three weeks at the time of the inspection.
- All new staff had a corporate induction and a unit level induction.

Multi-disciplinary working and coordinated care pathways

- Staff worked well as a multi-disciplinary team to promote early discharge.
- The Multidisciplinary team (MDT) had input from a range of allied healthcare professionals (AHP) including Occupational, physio and speech and language therapists, dietician, social worker and medical staff.

Referral, transfer, discharge and transition

- Patients were referred into the community inpatient service from Tameside general hospital.
- When patients were referred to the unit they were assessed against the admission criteria for the service to ensure patients could be cared for appropriately.
- Discharge planning commenced on admission and staff worked closely with community colleagues to ensure a smooth and timely transition for patients.

Access to information

- Staff had access to information they needed to deliver effective care and treatment to patients. All staff we spoke to were aware they could easily access to Trust information including policies, procedures and patient information leaflets on the ward computers.
- There were computers available which gave staff access to patient and trust information..

Consent, Mental Capacity act and Deprivation of Liberty Safeguards

- All staff working in the unit were unable to correctly articulate the key principles of the Mental Capacity Act (2005) and the Deprivation of Liberty safeguards (DoLs) and how these applied to patient care.
- We found that two patients on the unit who lacked mental capacity and staff told us they would stop from leaving were not subject to DoLs consideration or order. One of these patients was very confused and was being actively cared for and had no formal mental capacity assessment in place.
- DoLs are part of the Mental Capacity Act 2005, they aim to ensure that people in hospital are looked after in a way that does not inappropriately restrict their freedom and are only implemented when it is deemed in the best interest of the person and there is no other way to look after them. This includes people who may lack mental capacity.
- There was a mental capacity act and DoLs policy at a trust wide level, which reflected national guidance and legislation.

Are services caring?

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

Summary

In relation to the caring domain we found that:

- Staff treated patients with kindness, dignity and respect.
- Staff provided care to patients while maintaining their privacy, dignity and confidentiality.
- Patients spoke positively about the way staff treated them.
- Patients told us they were involved in decisions about their care and were informed about their plans of care.
- Staff took their time to support patients and ensure they knew what was happening.
- Staff showed that they understood the importance of providing emotional support for patients and their families.
- Patients and their families told us they felt well supported and involved as partners in their care and treatments.
- Patients were not supported to make decisions about whether they wanted to be resuscitated and were not able to be transferred to the unit unless they agreed to their DNACPR order being reversed.

Compassionate care

- We observed staff treating patients with kindness and compassion during all interactions. Staff took time to interact with patients and treated them with dignity and respect.
- We spoke with three patients, who all gave us positive feedback about how staff treated and interacted with them.

- We saw that staff interacted with patients compassionately including during busy times.

Understanding and involvement of patients and those close to them

- Staff respected patients' rights to make choices about their care in most cases. However we found that patients who chose not to be resuscitated were told that they had to reverse their decision and be resuscitated if they wanted to be admitted to the unit. This did not support patients to make decisions and choices about their care.
- Staff communicated with patients in a way they could understand.
- Patients and their families told us that staff kept them informed about their treatment and care. They spoke positively about the information staff gave to them verbally and in the form of written materials.
- Patients told us the medical staff fully explained the treatment options to them and allowed them to make informed decisions.

Emotional support

- Staff understood the importance of providing patients and their families with emotional support. We observed staff providing reassurance and comfort to patients and their relatives
- Patients and relatives told us that staff supported them with their emotional needs.
- Chaplaincy services were available on site to provide additional emotional support and staff were able to tell us how they would access these for patients.

Are services responsive to people's needs?

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

Summary

In relation to the responsive domain we found that:

- Services provided had been developed to meet the needs of the local population that were adequately resourced and provided choice.
- Patients had access to facilities that were appropriate to the patient's needs.
- There were specialist nurses who provided support and advice to staff and the service was meeting individual needs for patients living with dementia and other conditions
- People were supported to raise a concern or a complaint.
- Complaints were investigated and lessons learnt were communicated to staff and improvements made.

Planning and delivering services which meet people's needs

- The service was adapted and tailored to meet the needs of the diverse local population. The Stamford Unit at Darnton House was an example of this and had been opened to provide a suitable environment for patients prior to their discharge.
- The premises and facilities at the unit were appropriate for the services that were planned and delivered. Patients had access to an array of areas including a library, living rooms, kitchen and bathrooms.

Equality and diversity

- Translation services and interpreters were available to support patients whose first language was not English. These translation services could be provided face to face, via telephone or in a written format. Leaflets and information were also readily available and could be requested in other languages or formats.
- Reasonable adjustments were routinely considered and made to meet the needs of patients living with a disability. The majority of areas were wheelchair accessible and there were designated bathrooms for patients living with a disability.

- The trust had a chaplaincy and spiritual care department. The service was provided seven days a week and provided multi faith support to patients.

Meeting the needs of people in vulnerable circumstances

- All patients were discussed during the daily hand overs and staff told us any risks or additional needs would be highlighted during this time.
- A dementia strategy had been implemented across the trust including at the unit.
- There were a range of specialist nurses available for staff and patients to access including dementia and diabetes specialist nurses. These nurses offered specialist advice to staff and reviewed patients. Staff told us they knew how to access these specialists and felt supported by them.
- The wards had designated visiting hours however there was flexibility to ensure patients' needs were met.

Access to the right care at the right time

- Medical staff were available during the day Monday to Friday 9am – 5pm. Patients would be transferred to Tameside general hospital if required. Staff would dial 999 in emergencies.
- The GP out of hours service were available and reviewed patients at the weekends and during out of hours as required at the Unit.
- We found that discharges were arranged at an appropriate time of day, and relevant teams and services were informed.
- There were set admission criteria to ensure patients could be cared for appropriately and we found that this was adhered to strictly.

Learning from complaints and concerns

- Information on how to raise a complaint was available in leaflet form and staff told us that they provided these to patients as needed.

Are services responsive to people's needs?

- Staff understood the process for receiving and handling complaints.
- The unit had not received any complaints since it had been open.
- Patients were able to make complaints and compliments to the Patient and Customer Service department in person, by telephone, by email, in writing or through the Trust's website
- The trust recorded complaints on the trust-wide system and there was a patient advisory and liaison service (PALS).

Are services well-led?

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

In relation to the well led domain we found that:

- The service was well led with senior management visible.
- There was a clear governance structure in place.
- Staff felt supported and able to speak up if they had concerns.
- All staff were committed to delivering good, compassionate care.
- Staff who worked for the trust were aware of the trusts vision and values.

Services vision and strategy

- The trust had a mission statement which set out their vision this was “at Tameside Hospital ‘Everyone Matters.’ Our aim is to deliver, with our partners, safe, effective and personal care, which you can trust”. This mission and vision was further clarified and fed into by a set of corporate objectives which included ensuring patients received harm free care and strengthening of community services.
- The trust also had a set of values which had been developed with input from staff and patients.
- Staff who worked for the trust permanently were aware of the trust vision, objectives and values. They were also able to articulate the vision and values and how these related to their day to day roles. We found that temporary staff were not able to articulate the trust's vision and values.
- The trust's values were based on five specific areas safety, care, respect, communication and learning. Under each of these areas the trust listed a set of behaviours that would embody these values. These values were prominently displayed around the hospital and also on cards carried by staff members.

Governance, risk management and quality measurement

- There was a clear governance reporting structure across the unit and service.

- The unit manager was in the process of establishing a risk register.
- There were team meetings planned to discuss issues and wards displayed information pertinent to governance and risk on notice boards.
- There was a designated governance lead for community services and they were working closely with the unit to implement systems to support effective governance.

Leadership of this services

- The leadership in the department reflected the vision and values set out by the trust. Staff spoke positively about their managers and leaders.
- Leaders were visible and respected.
- Staff identified members of the senior management team and told us they visited the clinical areas regularly.

Culture within this services

- There was a strong patient centred culture which was open and transparent allowing staff to speak up when they had concerns.
- Staff felt encouraged to raise issues and concerns and felt confident to do so.
- We observed good working relationships in the unit, morale was good and staff felt respected and valued.

Public engagement

- Staff told us they routinely engaged with patients and their relatives to gain feedback from them.

Staff engagement

- There were team meetings planned for all staff but had not taken place at the time of the inspection.
- Staff told us they received support and regular communication from their managers.

Innovation, improvement and sustainability

- There was a business continuity plan in place for the unit.

Are services well-led?

- Regular reviews were being held by senior managers to identify and action any areas of improvement for the unit.