

# Monet Lodge







## Quality Report

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

### Ratings

Overall rating for this location		Good	
Are services safe?		Good	
Are services effective?		Good	
Are services caring?		Good	
Are services responsive?		Good	
Are services well-led?		Good	

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

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

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

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

# Summary of findings

## Overall summary

### We rated Monet Lodge as good because:

- The ward was clean, tidy and well maintained. The clinic room was fully equipped and emergency equipment was checked regularly. Staff were aware of how to report incidents and all staff had access to the online reporting system. There were single sex ensuite bedrooms and a separate female lounge in accordance with same sex guidance. There were good systems in place for ordering, dispensing and storage of medications. Staff were aware of their responsibilities under duty of candour.
- There was good evidence that National Institute for Health and Care Excellence guidance was being followed in relation to prescribing and monitoring of medication and non-pharmacological treatments for dementia. Staff completed a physical health check on admission and these were regularly reviewed throughout the patients stay at Monet Lodge. Mandatory training was at 86% and staff took part in clinical audits including medications, care records and mental health act documentation. Staff had a good understanding of the Mental Health Act, the Mental Capacity Act and the Deprivation of Liberty Safeguards. The service adhered to the Mental Health Act and the revised Mental Health Act Code of Practice. Mental Health Act documentation was complete and correct.
- Staff engaged positively with patients and their carers. All interactions we observed were respectful, kind and maintained the dignity of the patient. Carers and relatives told us that the staff were friendly and approachable and always took the time to speak to them and involve them in their loved ones care.
- There was a full range of rooms to support the care and treatment of patients with complex needs. There

was a good variety of activities available to patients seven days a week. Information was available in easy read format and in other languages if required. There was access to spiritual support and the chef was able to provide food for any specialist needs such as vegetarian, vegan, halal and kosher. Patients had access to an independent mental health advocate who visited the hospital and attended care programme approach meetings if patients wanted them to.

- Staff were aware of the organisations vision and values and these underpinned all the work they did. These were incorporated into staff meetings, supervision and the key performance indicators for staff. The staff felt supported by the manager and the clinical lead and felt that their suggestions about the service were listened to.

However,

- On the day of our inspection, the clinic room floor and worktops were dirty and the plastic suction tip on the suction machine was uncovered. On our return to the hospital this had been rectified and the room was added to the cleaners schedule for a daily clean.
- The ligature knife was locked in a drawer that not all staff had a key to.
- The clinic room temperatures were found to be over 25 degrees Celsius on a regular basis.
- Due to the amount of care plans some patients had (up to twenty) we found that some care plans were generic and not person centred. We found one example where the patient was referred to as “he” when the patient was a “she” and one with another patients name in.

# Summary of findings

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Good 

# Monet Lodge

## Services we looked at

Wards for older people with mental health problems

# Summary of this inspection

## Background to Monet Lodge

Monet Lodge is an independent hospital located in South Manchester, run by the provider, Making Space. Monet Lodge has a registered manager and provides the following regulated activities:

- Assessment or medical treatment for people detained under the Mental Health Act 1983
- Diagnostic and screening procedures.
- Treatment of disease, disorder or injury.

Monet Lodge provides care for up to 20 older people with complex mental health problems, specialising in dementia care. The service provides care for informal

patients and patients detained under the Mental Health Act. The hospital contains two areas within one ward, one for male patients (Rivers) and one for female patients (Poppyfields). At the time of our inspection, the hospital had 18 patients.

The provider had an accountable officer for controlled drugs.

We inspected Monet Lodge five times between December 2012 and September 2015. We last inspected the service in September 2015 and the service was rated as Good overall.

## Our inspection team

Team leader: Kirsty McKennell (CQC inspector)

The team that inspected the service comprised two CQC inspectors and a variety of specialists:

One Specialist advisor – Nurse (Mental Health)

One Expert By Experience

## Why we carried out this inspection

We inspected this service as part of our ongoing 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 that we held about the location and asked a range of other organisations for information.

During the inspection visit, the inspection team:

- Visited the hospital, looked at the quality of the ward environment and observed how staff were caring for patients.
- Spoke with six patients and carers of patients who were using the service.
- Spoke with the registered manager and the clinical lead.
- Spoke with five other staff members; including doctors, nurses, support staff and an admiral nurse (specialist in dementia).
- Spoke with an independent advocate.
- Attended and observed one multidisciplinary meeting.
- Observed a sonas session (sensory activity for patients with dementia).
- Observed a lunchtime meal service.

# Summary of this inspection

- Collected feedback from four carers using comment cards.
- Looked at six care and treatment records of patients.
- Carried out a specific check of the medication management.
- Looked at a range of policies, procedures and other documents relating to the running of the service.

## What people who use the service say

We spoke with six patients and carers on the day of our inspection and received feedback on four comment cards.

All the patients we spoke to told us that they felt safe. They told us that they had good relationships with the staff at the hospital. Patients told us that if they needed to speak with a member of staff, they would make time to talk to them.

Both patients and carers told us that the environment was always kept clean and that the domestic staff did a good job. Patients told us that they enjoyed the food and that they could make a choice each day of what they wanted to eat. If they did not want anything on the menu, there was also a range of other options which included sandwiches and jacket potatoes.

# Summary of this inspection

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

We always ask the following five questions of services.

### Are services safe?

We rated Monet Lodge as **good** because:

- The ward was clean, well maintained and furnishings were of a good standard. The environment reflected best practice dementia guidance with contrasting colours for orientation, dementia friendly signage and good levels of lighting throughout.
- The clinic room was fully equipped and emergency equipment was checked regularly.
- There were nurse call buttons in bedrooms and bathrooms.
- Staff were aware of how to report incidents and all staff had access to the online reporting system.
- There were single sex bedrooms with showerrooms en suite and a separate female lounge in accordance with same sex guidance.
- There were good systems in place for ordering, dispensing and storage of medications.
- Mandatory training was at 86%
- Staff were aware of their responsibilities under duty of candour.

However,

- On the day of our inspection, the clinic room floor and worktops were dirty and the plastic suction tip on the suction machine was uncovered. On our return to the hospital this had been rectified and the room was added to the cleaners schedule for a daily clean.
- The ligature knife was locked in a drawer that not all staff had a key to.
- The clinic room temperatures were found to be over 25 degrees Celsius on a regular basis.

Good



### Are services effective?

We rated effective as **good** because:

- All patients had a full assessment on admission. This included physical health checks that were ongoing throughout the patient's admission.
- The provider's specialist dementia team supported the service to carry out best practice in dementia care.
- There was good access to a range of health professionals. This included a GP with a special interest in dementia care, physiotherapists, occupational therapists and dieticians.

Good



# Summary of this inspection

- Staff received supervision every two months, this was done using a set format, which included discussions about workload, training and professional development.
- Staff were involved in clinical audit. These included audit of care records, medication charts and compliance against the Mental Health Act and Mental Capacity Act, amongst others. These were done by the relevant member of the team and fed back to the via individual supervision and team meetings.
- Staff received specialist training relevant to their role for example, mentorship training, end of life care training and dementia friend training.
- Life story work and activity care plans were person centred and showed good carer and relative involvement.

However,

- Some patients had up to twenty care plans which meant that some had become generic in their content. In one care plan we found “he” when the patient was female and another care plan contained the wrong name. This was picked up in the care plan audit but had not been rectified. We raised this with the registered manager who ensured the errors we had found were rectified immediately.

## Are services caring?

We rated caring as **good** because:

- We observed many interactions between patients and staff. All of these were done in a respectful way to ensure the needs of the patient were met whilst maintaining dignity and providing emotional support.
- Staff had a good understanding of the patients they were caring for, this included not only knowledge about their illness but their families, hobbies and past jobs.
- There was access to an advocacy service who visited the ward on a regular basis. They gave positive feedback about the hospital.
- All relatives we spoke to gave positive feedback about the hospital and its staff. They felt staff were approachable and were always willing to make time to speak to them.
- There was flexible visiting arrangements in place so that relatives could visit at a time that was convenient for them. If appropriate relatives were invited to remain at mealtimes to assist their loved one to eat.
- There were monthly tea parties where relatives and carers were invited to attend to spend the afternoon with staff and their loved ones.

Good





# Summary of this inspection

## Are services responsive?

We rated responsive as **good** because:

- Beds were available for patients in the area when they needed them, there were no waiting lists and there were no out of area placement in the six months leading up to our inspection.
- There was a full range of rooms to support treatment and care. This included a communal lounge, bedrooms with en-suite facilities, quiet indoor courtyards and a hair and beauty salon.
- The unit employed a wellbeing co-ordinator three days a week. They supported staff and offered patients a range of dementia-friendly activities tailored to their individual needs.
- Staff worked with relatives to complete life story type documents that detailed the patient's interests and hobbies. This included a memory box outside each bedroom that contained pictures and memorabilia from the patient's life.
- There was information about complaints clearly displayed on the ward. This was also included in the ward information booklets. Relatives we spoke to told us they knew how to complain and would feel comfortable speaking with staff for support.
- There was a good choice of food for patients and alternatives should the patients not like what was on offer for that day. This included sandwiches, jacket potatoes or soup as well as a full hot meal. As the chef managed the food they were able to order food for any speciality diets, for example, vegetarian or food to meet the needs of different religious groups.

Good



## Are services well-led?

We rated well-led as **good** because:

- All staff and managers knew the organisations vision and values. These were used in all aspects of work including supervision, annual appraisals and key performance indicators for staff. These were reviewed annually with views sought from staff and patients.
- There was high morale in the staff team and the staff we spoke to told us they felt supported and listened to by the manager and the clinical lead.
- The provider, Making Space, funded a dementia space team that provided expertise on best practice in dementia care, and helped the service identify areas for improvement.
- Monet Lodge was working in partnership with Dementia Space and Dementia UK to develop an Admiral nurse role within the

Good



## Summary of this inspection

service. An Admiral Nurse is a specialist dementia nurse who provide expert advice and support to families living with dementia. An existing member of the nursing staff was receiving funding and support to complete the relevant qualifications.

- The manager and clinical lead felt empowered to carry out their role as well as being supported by their immediate managers.

# Detailed findings from this inspection

## Mental Health Act responsibilities

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

We carried out a routine Mental Health Act monitoring visit in September 2016. On that visit, we found good overall adherence to the Mental Health Act and Mental Health Act Code of Practice.

We identified the following minor shortfalls on that visit:

- Inconsistent inclusion of carers' contributions to care plans.
- Inconsistent recording of discharge planning and where discharge plans were in place there was no evidence of identifiable actions and timescales.
- There was no public phone on the ward.

The registered manager at Monet Lodge provided us with an action plan on how these issues would be addressed.

We found that these had been mostly addressed at this inspection. There was a mobile phone that patients had access to should they wish to use it. However, due to the high levels of cognitive impairment experienced by most of the patients at Monet Lodge this was not used on many occasions. All patients had a discharge care plan in place, there were clear timescales identified on admission for the expected length of stay of patients.

There were regular and robust audits of the hospital's mental health act duties. Staff had a good understanding of the mental health act and training for this was mandatory. 100% of staff had received training in the mental health act at the time of our inspection.

Patients had access to Independent mental health advocates, and the provider held a law clinic, at which relatives could gain advice and information.

## Mental Capacity Act and Deprivation of Liberty Safeguards

Staff we spoke to demonstrated a good awareness of the Mental Capacity Act. Staff understood in what situations the Mental Capacity Act would be used. For example, treatment decisions for physical health issues. Training for this was mandatory. 100% of staff had received training in the Mental Capacity Act at the time of our inspection.

Making Space had a policy and a checklist for the consideration of Deprivation of Liberty Safeguards. The checklist supported staff to consider whether a patient

was being deprived of their liberty due to significant restrictions on patients. There were four patients subject to deprivation of liberty safeguards at the time of our inspection. Appropriate applications had been made.

Patients were encouraged to make as many decisions as they could for themselves no matter

how small. For example choosing items of clothing to wear that day or picking food choices off an easy read menu with pictorial aids if required.

Patients had access to Independent mental capacity advocates, who attended care programme approach meetings.

# Wards for older people with mental health problems

Safe	Good 
Effective	Good 
Caring	Good 
Responsive	Good 
Well-led	Good 

## Are wards for older people with mental health problems safe?

Good 

### Safe and clean environment

The ward layout did not allow staff to observe all parts of the ward. Staff observations and an adequate number of staff throughout the patient areas mitigated this.

There were a number of ligature risks throughout the ward, these included handrails, domestic taps and door hinges. However, these were mitigated by a robust ligature risk assessment and personalised risk assessments and care plans for each individual patient. Patients who were admitted to Monet Lodge all had a diagnosis of dementia and therefore the use of handrails to reduce the risk of falls and the need for domestic taps that patients can recognise were necessary for the safety and orientation of the patient group. There was a ligature knife kept in the clinic room for staff to use if necessary. However, on the day of our visit this was locked in a drawer which only qualified members of staff had keys to access. Records confirmed that none of the current patients had a history of self-harm and there had been no incidents of this nature in the year prior to our inspection.

There were separate areas for males and females in accordance with department of health guidance on same sex accommodation. This included a female only lounge and separate bedroom corridors for males and females with access to bathrooms on each.

There was a fully equipped clinic room with accessible resus equipment and emergency drugs. On the day of our

inspection, there were some issues with the cleanliness of the clinic room. The floor was dirty as were the worktops. The first aid kit in the clinic room contained bandages that were out of date and the plastic suction tip on the suction machine was uncovered. We raised this on the day of the inspection with the registered manager and when we returned to the hospital the following week this had all been rectified. There was a new first aid kit and the clinic room had been deep cleaned. We were able to see that the registered manager had ensured that the clinic room was on the daily cleaning schedule for the cleaner and that a qualified nurse had been assigned to carry out a weekly audit of the clinic room. The clinic room temperatures were found to be over 25 degrees Celsius on a regular basis. This was picked up in the health and safety audit the previous year and the manager bought an air cooling system to try to reduce the temperature of the room. On the day of our inspection, it was a very hot day and the temperature in the clinic room was 25 degrees Celsius. When we returned the following week the manager was able to show us that they had sought a quote for a permanent air conditioning system to be fitted in the room, this was ongoing at the time of writing the report.

The cleanliness of the ward environment was otherwise up to a high standard. There were cleaning schedules in place and these were completed and up to date on the day of our inspection. The environment was developed in keeping with department of health guidance on dementia friendly environments. This included contrasting colours for handrails, dementia friendly signage and quiet areas at the end of each corridor, which were designed as a relaxing space for patients to sit. The furnishings were all clean and comfortable and some patients had specially designed chairs to meet their needs for example pressure relieving equipment for people at risk of skin breakdown. The

# Wards for older people with mental health problems

communal bathrooms and toilets were cleaned twice daily and clean stickers were evident on equipment such as commodes and bath seats. Cleaning equipment was colour coded and mops and buckets were stored appropriately to maintain hygiene and prevent cross

contamination.

There were nurse call buttons in the bedrooms and bathrooms. However, due to the level of cognitive impairment of the patients they struggled to use these to call for assistance. Therefore, the ward had assistive technology to alert them if a patient got out of bed in order for staff to go and assist that patient and reduce the risk of them falling and hurting themselves.

## Safe staffing

Monet Lodge employed a total of 44 substantive staff. This included eleven qualified nurses who were a mixture of registered mental health nurses and registered general nurses. There was always a minimum of one registered mental health nurse on each shift. There were eighteen nursing assistants employed. At the time of our inspection, there were two vacancies for qualified staff and two vacancies for nursing assistants. In the twelve months from April 2016 to April 2017, there had been four staff that had left and this equated to 13.7% turnover rate. In the same period, there was a sickness rate of 5.5%.

During the day, the staffing levels were; two qualified staff and five support staff and at night time this remained at two qualified staff but support staff were reduced to three. This was supported by the clinical lead Monday to Friday as well as the registered manager. A wellbeing practitioner was also in post, their main role was to provide activities for patients and they worked 36 hours a week over seven days. There was a variety of other staff in post to provide care and this included a chef, laundry assistant and domestic staff.

The registered manager and clinical lead were confident that they could increase staffing levels when required. The provider had a bank staff system, which was used across their dementia services. This meant that there was access to staff who knew the service well. Over the period from April 2016 to April 2017 there had been 263 shifts filled by bank staff. This equates to around five shifts per week. Due to the complex needs of the patients at Monet Lodge it was not uncommon to have more than one patient on one to one observations. Where this was the case, the extra

member of staff would be sought from the bank for each shift. This was usually a member of staff known to the service and as the bank staff were staff employed by the provider, they had full access to training provided by them

Medical cover was provided by a consultant psychiatrist from the local mental health trust. This had been arranged by the clinical commissioning group contract. The agreement in place with the trust was for two sessions a week. In addition to this for out of hours and when the consultant was on leave, the hospital had access to the on call facilities provided by the trust. There was also an enhanced GP service in place from a local practice.

The average mandatory training rate for staff was 86%. Staff records showed when training had been completed. The manager had access to a training matrix that showed when training was due, overdue and completed. Mandatory training included manual handling, safeguarding, infection control, Mental Capacity Act and Deprivation of Liberty Safeguards, and medications management. The only training to fall below 75% was falls training, which was at 66%. This was a new course introduced in May 2017 and we were able to see a schedule where all remaining staff were booked on the course in the coming month.

## Assessing and managing risk to patients and staff

The provider did not use seclusion, prone restraint or rapid tranquilisation. The staff were trained to use de-escalation methods for people who were presenting with disturbed behaviour. However, it did use a low level restraint technique or “safe holds” for some patients who were resistive to personal care. For patients that required this type of intervention it was documented in their care plans clearly on how this was to be used and in what situations. Staff would always try to complete these tasks first without the use of restraint techniques. When these techniques were used whilst attending to personal hygiene this was documented clearly. We checked and found that staff had been trained to carry out these techniques and these were recorded as incidents of restraint as required.

We reviewed six care records all of which contained an up to date risk assessment that was completed on admission and updated following any incidents. The registered manager and/or the clinical lead attended all admission assessments, this ensured that all relevant historical information was gathered and included in the risk assessment. Making Space had devised its own risk

# Wards for older people with mental health problems

assessment for their services and this was informed by best practice guidance on managing risk. The hospital also undertook additional risk assessments, which were relevant to their own patient groups, these included falls risk assessments, nutritional risk assessment and behaviour assessments for aggression.

There was a policy to manage observation of patients. All new patients were placed on fifteen minute observation for at least the first 72 hours to allow them time to become orientated to the environment. The minimum level of observations was one hourly, although due to the complex nature of the client group and high risk of falls patients were observed mostly on fifteen minute observations. This was reviewed at the weekly ward round and could be increased or decreased as necessary. At the time of our inspection, there was one patient on one to one observations.

Staff could describe the safeguarding reporting procedure in the hospital. Staff knew that they would report any incidents to the nurse in charge or the manager. This would then be referred on to the local authority. Making Space had its own safeguarding policy that guided staff through the procedure referring them to the correct steps to take. The registered manager had notified the Care Quality Commission of any safeguarding concerns they had raised for example patient on patient assaults.

Medicines were stored securely in a locked cabinet in a locked room. A local pharmacy carried out audits of the medications on a monthly basis and we saw evidence of those taking place. The hospital had appropriate arrangements for managing controlled drugs, which were drugs that required special storage and additional record keeping rules. The area manager was the controlled drugs accountable officer and attended the controlled drugs local intelligence network meetings. Medicine charts showed that patients received the medication they were prescribed.

There was a room off the reception area for when children visited the hospital. Visits where children were present were usually pre planned in order for the staff to ensure the room was free and that staff were able to be present if necessary.

## Track record on safety

We reviewed the incidents that had occurred at the hospital. Independent hospitals are required to notify the

Care Quality Commission when certain incidents occur. The hospital had notified us of appropriate incidents including safeguarding concerns, and incidents involving the police. In the twelve months between May 2016 and May 2017 there had been 26 notifiable incidents reported to us. These were mostly patient on patient assaults, which were reported to the local authority as a safeguarding concern. Managers had taken appropriate action to manage these incidents.

## Reporting incidents and learning from when things go wrong

All staff had access to the online incident reporting system. Staff were supported to complete these if they were not confident in using a computer in order for them to learn the importance of reporting incidents and the process to follow. Staff confirmed that they took part in debriefs following incidents, these were done as part of team meetings, handovers and in supervision dependent on the situation. We saw as part of the audit process the manager collated reported incidents onto a monthly spreadsheet and this included any actions taken and the outcome of incident analysis.

Staff we spoke to found that by using de-escalation techniques and the appropriate space in the environment for disturbed patients the number of incidents of aggression was kept to a minimum.

Staff were aware of the need to be open and honest following incidents and were aware of their responsibilities under duty of candour to make an apology when incidents met this threshold. There was a Being Open Policy which set out how the organisation met the requirements of the duty of candour legislation.

**Are wards for older people with mental health problems effective?**  
(for example, treatment is effective)

Good 

## Assessment of needs and planning of care



# Wards for older people with mental health problems

We reviewed six care records. These all contained an assessment that was completed on admission. This included a full history of the patient, their mental and physical health needs and assessments and care plans that related to the patients current needs.

There was good evidence of physical health monitoring on admission and throughout the patients' stay at Monet Lodge. Physical health checks were carried out on a monthly basis unless they were required more often. For example, some patients were on weekly weights due to their nutritional status being deemed as at risk. During our last inspection in 2015, we found that patients were not having electrocardiograms when required. This was due to the fact that patients received appointments, but it was often distressing for them to attend hospital. During this visit, we found that this had been resolved and that the local GP who worked closely with the hospital was able to bring a portable device to the hospital. This recorded the electrocardiogram results and sent them electronically to the GP records at the local surgery. This meant that patients were able to have the electrocardiogram in their own bedroom with family present if necessary in order to reduce distress caused by having the procedure carried out in an unfamiliar setting.

All records contained a hospital passport, which meant that if the patient was admitted to an acute hospital all necessary information relating to that patient could be easily identified and communicated to the staff there.

In the twelve months leading up to our inspection there had been three falls resulting in fractured hips. The hospital had identified this was an unusually high number despite the fact their client group is at high risk of falls due to cognition. There was an internal investigation and following this a robust action plan was developed. This included a review of the current falls policy and post falls monitoring form. It also recommended that specialist training in falls prevention and management was to be sourced and for all team members to attend. This was in progress during our inspection and was at 66% with all other staff due to complete the training by the end of July 2017.

Patient records contained a number of care plans. Some records had up to twenty care plans for one patient. Although this ensured that a range of areas of the patients care were covered individually it did in some cases mean that care plans were generic and not personalised. For

example in one care plan, we found "he" when the patient was female. A second care plan contained the name of another patient in some areas. These errors had been picked up in the care records audit but they had not been rectified. We raised this with the registered manager on the day and these errors were rectified immediately. However, we found that each patient had a care plan named "all about me", this document was extremely personalised and contained information about the individual patient. It included information such as foods the patient liked and disliked, past hobbies and how best to approach that patient dependent on how they were feeling. Each patient also had an activity care plan, this was again personalised and included lots of work with relatives and carers to ensure the patients past hobbies and interests were included as much as possible in their activities. There were photographs of patients within their files so that staff could check the identity of patients if they were new to the hospital.

All records were paper based. They were kept in a locked cabinet and all relevant staff had access to these.

## Best practice in treatment and care

We reviewed 20 medication charts during our inspection. We found that medication was prescribed in line with National for Health and Care Excellence guidance for dementia [CG42]. The hospital also followed guidance for non pharmacological interventions for behaviour that challenges such as animal assisted therapy, multisensory equipment and therapeutic use of music. There were regular sessions provided by the pet therapy group. The service had purchased a portable multisensory unit that could be used with patients in their bedrooms. This was in response to patient feedback that the dedicated sensory room they had previously used was dark and frightening.

The provider has developed a specialist team called the dementia space team. This was made up of a dementia development coordinator, project workers and volunteers and was overseen by a consultant Admiral nurse. An Admiral nurse is a specialist dementia nurse who gives practical, emotional and clinical support to families living with dementia. The team had developed a dementia strategy for Making Space in line with the national dementia strategy (Living Well with Dementia 2009), the Prime Minister's challenge on dementia, and the national institute for health and care excellence quality standard to support people to live well with dementia.

# Wards for older people with mental health problems

Access to psychology was via a referral system to the local community mental health team. As part of the service level agreement with the local NHS trust the hospital was entitled to two sessions per week with a psychologist. This included one to one time with patients and/or formulation sessions on how to work with patients who presented with behaviour that challenges others.

The audit programme for the hospital was robust and used National Institute for Health and Care Excellence guidance as a benchmark. These included; [CG42] The use of medication for non-cognitive symptoms, behaviour that challenges and behaviour control, [CG161] Falls: The assessment and prevention of falls in older people, [CG32] Nutrition support in adults: Oral nutrition support, [CG103] Delirium and [CG179] Pressure ulcer prevention and management of pressure ulcers. There were additional audits carried out by the clinical team on care records and Mental Health Act documentation. We saw evidence of these being done on a monthly basis and changes being made because of these.

The hospital had a GP with a special interest in older people's mental health who attended the multidisciplinary team meeting twice a week and provided on-call cover. The commissioning in place meant the hospital had access to other physical health specialists when required. This included; occupational therapist, pharmacist, dentistry and optical services. We saw evidence in patient records of attendance at recent appointment to the dentist and the opticians came to the hospital on a regular basis to carry out eye tests for patients.

Nursing staff assessed nutritional and hydration needs using malnutrition universal screening tools. Staff weighed patients monthly or weekly if required and they took appropriate action in response to any changes. For example, we saw one patient being reviewed by the multidisciplinary team who had been put on dietary supplement drinks when their body mass index had reduced. This patient was weighed weekly and weights were monitored by the team. Speech and language therapy reports had been used to formulate care plans relating to swallowing difficulties and diet.

## **Skilled staff to deliver care**

There was a full range of mental health disciplines and workers to provide input to the ward.

This included the registered manager, clinical lead, support staff, the laundry assistant domestic staff, wellbeing practitioner and the chef. There was also a consultant admiral nurse and a dementia development coordinator there on the day who works across the whole of Making Space. The commissioning arrangements at Monet Lodge meant the hospital had good access to a range of other health professionals such as occupational therapy, speech and language therapist, physiotherapists and social workers. This was by way of a referral system and staff reported this worked well. Staff we spoke to were positive about their work and were able to show how they were skilled to deliver care to people with complex needs. This included knowledge around dementia, medication and suitable activities for the patient group. The hospital employed both registered mental health nurses and registered adult general nurses in order to provide holistic physical and mental health care to the patients.

In addition to the mandatory training programme, staff were encouraged and supported to take part in specialist training for their role. For example, all staff had completed the dementia friends training. There were six staff undertaking the Sterling University best practice in dementia course and six staff undertaking six steps end of life training. Qualified nurses undertook mentorship training in order for them to support student nurses on placement at the hospital. Monet Lodge was working in partnership with Dementia Space and Dementia UK to develop an Admiral nurse role within the service. An existing member of the nursing staff would receive funding and support to complete the relevant qualifications.

We found that staff had access to regular, two monthly supervision and had received annual appraisals with all staff having had an appraisal in the last year. Supervision records were reviewed as part of the inspection. We found these were conducted using a standard tool which covered areas such as training, performance and work life balance.

## **Multi-disciplinary and inter-agency team work**

Multidisciplinary meetings took place twice per week. The multidisciplinary meeting was attended by the consultant psychiatrist, the GP with a special interest in dementia care and staff from the hospital. Carers were invited to attend the meeting and the team went to talk to patients prior to the meeting. Care programme approach meetings took place six monthly, these were attended by the patient, their



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family, and other health professionals involved in the patients care. The advocacy service attended both multidisciplinary meetings and care programme approach meetings in order to support the patient to give their views.

There was a handover at the beginning of each shift which was attended by all staff on duty. This was communicated verbally but also written down in a book that was passed over from shift to shift in order to keep a record of important information about patient care. This ensured all staff were kept up to date with the changing needs of the patient group.

All the beds at Monet Lodge were reserved for patients registered with a GP within the boundaries of Manchester local authority area through a block purchase contract with the local Clinical Commissioning Group. The registered manager met regularly with local commissioners funding patients' care.

## Adherence to the MHA and the MHA Code of Practice

We carried out a routine Mental Health Act monitoring visit in September 2016. On that visit, we found good overall adherence to the Mental Health Act and Code of Practice.

We identified the following minor shortfalls on that visit:

- Inconsistent inclusion of carers' contributions to care plans.
- Inconsistent recording of discharge planning and where discharge plans were in place there was no evidence of identifiable actions and timescales.
- There was no public phone on the ward.

The registered manager at Monet Lodge provided us with an action plan on how these issues would be addressed. We found that these had been mostly addressed at this inspection. There was a mobile phone that patients had access to should they wish to use it. However, due to the high levels of cognitive impairment experienced by most of the patients at Monet Lodge this was not used on many occasions. All patients had a discharge care plan in place, there were clear timescales identified on admission for the expected length of stay of patients.

On the day of our inspection, we reviewed Mental Health Act documentation for six patients. We found that these were well maintained and up to date. There was a full set of detention papers on each file. There was good evidence of patients having their rights explained to them, this was recorded in the file and advocacy were involved in assisting

with this for patients who found it difficult to understand. The hospital had an easy read rights leaflet for patients with advanced dementia. Patients who required them had the appropriate certificates in place to authorise their medication. Due to the nature of the patients illness they were not able to give consent to taking medication so each patient who was detained had a T3 (certificate of a second opinion). There was evidence of mental health act tribunals taking place when required and records of discussions around and approval of section 17 leave.

Audits around the Mental Health Act were undertaken by the Mental health law manager employed by the hospital. There were quarterly audits of the mental health act and this included detention papers, section 132 rights and section 17 leave. Staff at the hospital completed similar audits in between these times.

Staff had a good understanding of the Mental Health Act and training for this was mandatory. 100% of staff had received training in the Mental Health Act at the time of our inspection.

Patients had access to independent mental health advocates who attended care programme approach meetings. The provider held a law clinic, which relatives could access for advice and information. This was done via a skype call so that relatives could attend a local office and use a private room to talk directly to the law clinic rather than travelling and was a free service.

## Good practice in applying the MCA

Mental Capacity Act training was mandatory for qualified staff only. At the time of our inspection, 67% of staff had completed this training. Two new qualified staff in post were booked on the training in September this year. Once those staff had completed the training there would be 100% compliance.

We spoke to staff and found they had a good understanding of the Mental Capacity Act. This included the presumption of capacity and decision specific requirements. All but two patients were detained under the Mental Health Act at Monet Lodge and therefore treatment specific decisions about their mental disorder were made under that framework. However, staff were aware of the limitations of the Mental Health Act for example that this would not cover decisions about physical healthcare. We saw that patients mental capacity to consent to treatment had been assessed as required. We found that where

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decisions around do not attempt resuscitation had been made this was done following a thorough capacity assessment and a best interest meeting with all relevant professionals and family involved.

Making Space had a policy and a checklist for the consideration of Deprivation of Liberty Safeguards (DoLS). The checklist supported staff to consider whether a person was being deprived of their liberty. At the time of our inspection, there were four patients subject to deprivation of liberty safeguards. These were all on urgent authorisations awaiting a final decision. We were aware of a backlog of deprivation of liberty safeguard applications at the local authority that they were working through but we found the hospital had done everything they needed to do.

## Are wards for older people with mental health problems caring?

Good 

### Kindness, dignity, respect and support

We observed interactions between staff and patients. We found these to be respectful, caring and supportive. We spoke to eight family members who were visiting the hospital on the day of our inspection. They gave excellent feedback about the hospital and the staff, they told us they were able to visit whenever they wanted to and were encouraged to take part in the activities on the day of our inspection. They reported that this was usually the case. Carers told us that the staff at Monet Lodge showed a genuine interest in their health as well as the health of their loved one. Relatives told us they “felt involved” and “we know he is safe here”. We observed excellent de-escalation techniques when patients became agitated or upset. Staff carried out these interventions in a discreet and personalised way.

We observed a mealtime on the day of our inspection. We found that patients were encouraged to eat in a supportive way and where necessary patients were assisted to eat. Staff were patient and assisted patients in a sensitive way by allowing them to eat at their own speed and assisting them to clean themselves if any food was spilled to maintain dignity. The mealtime was relaxed and some patients who preferred to eat in the more informal areas such as the lounge were encouraged to do so. Patients

were not rushed and it was a relaxed atmosphere with good staff/patient interaction. The needs of all patients were met irrespective of their individual complexities. Carers told us that they had no complaints about the food and that there was always choices, they reported that drinks were offered on a regular basis and we saw this happening on the day of our inspection. One carer told us that she had been offered a meal when she visited one night after work.

### The involvement of people in the care they receive

The admission process at Monet Lodge was thorough and included visits to the patient prior to admission. As part of this process, the hospital spoke with families and carers in order to gain a good understanding of the patient and their needs. There was good communication between the hospital and relatives and carers and they told us this during our inspection.

We found little evidence of patient and carer involvement in patient care plans. Some patients had up to twenty care plans which were generic and some contained errors, one said he when the patient was a she and another contained the wrong patient's name. We raised this with the manager and this was rectified on the day of our inspection. We did however; find that there was good evidence of carer and patient involvement in the wellbeing care plans and life story books which gave a good understanding of the patient prior to their illness including hobbies, food likes and dislikes and their family history. Each patient had a memory box outside their bedroom, which was made in collaboration with the patient and their families. These contained pictures of their friends and family and reminders of hobbies and interests. Carers and relatives told us that they felt involved in their loved ones care and were able to give their opinions at multidisciplinary meetings and at care programme approach meetings. There was a monthly tea party that carers and relatives were invited to attend.

Due to the high levels of cognitive impairment experienced by the patients at Monet Lodge, it was difficult to gain useful feedback about the service from them. However, the dementia space team were working with the hospital in order to develop a patient feedback survey that would be both accessible for the patient group and useful in terms of using the feedback to improve practice at the hospital.

# Wards for older people with mental health problems

## Are wards for older people with mental health problems responsive to people's needs?

(for example, to feedback?)

Good 

### Access and discharge

Average bed occupancy over the last 6 months was 90%. There was one free male bed and one free female bed at the time of our inspection and no one waiting to be admitted. All patients were from the local area and the clinical commissioning group commissioned beds for people living in the Manchester area who were registered with a Manchester GP. This meant that beds were available when required for people living in the catchment area. This meant that there were no out of area placement attributed to this service. There had been one delayed discharge in the six months leading up to our inspection. This was due to a lack of step down units that could cater for the patients specific needs.

The registered manager had identified that in the past it had not always been clearly explained to relatives and carers about the expected length of stay at Monet Lodge and the fact it was a hospital and not a care home or bed for life. This had resulted in them not engaging in the discharge planning process. In order to ensure that this was made clear going forward they had started ensuring that relatives of new admissions were fully involved in the admission process. As part of the admission process it was stipulated what the plan of care was for that individual and the expected length of stay. Discharge was discussed at every care programme approach meeting in order to ensure family and carers were kept involved in the process. The hospital identified a patients needs around discharge at the earliest opportunity and informed the relevant professionals in order for them to liaise with the providers early on in the process. Commissioners were also engaged in this process so that any identified issues with discharge plans could be highlighted at the earliest opportunity. The average length of stay was approximately 18 months. Patients whose in-patient stay lasted beyond this time had

a clinical review meeting which outlined the barriers to discharge and agreed how these barriers could be overcome. There were no patients subject to a delayed discharge at the time of our inspection.

Leave beds were never used and should a patient become too unwell to be managed at Monet Lodge there was access to older adult wards and a psychiatric intensive care unit at the local mental health trust associated with the hospital.

### The facilities promote recovery, comfort, dignity and confidentiality

Monet Lodge provided a range of facilities to support treatment and care. This included a large communal lounge, a dining area, ensuite bedrooms, a female lounge, quiet areas and a hair and beauty salon. The hospital had a homely feel and furnishings were in a good state of repair. There was a visitors room in the main reception area and this could be used for child visiting as it was away from the main ward. Making Space had made a commitment to ensure that the design and future development of the physical environment at Monet Lodge was informed by good practice guidance for dementia care. This included incorporating features that supported spatial orientation and minimised confusion, frustration and anxiety including reality orientation cues in the form of dementia friendly signage and colour coded corridors, and high levels of light. Moderate levels of environmental stimulation were provided through murals, visual, auditory and tactile stimuli and accessible areas such as indoor "courtyards". Assistive technology such as bed sensors were also used discreetly to enhance the dementia friendly environment.

There was access to a mobile phone that patients could use in private. The garden area was pleasant and well maintained. However, it was not designed specifically for the patient group at Monet Lodge. There were uneven paving stones and lots of low-level equipment that patients could walk into. Staff always supported patients in the garden to mitigate this risk. In addition to this, the registered manager had identified the issues with the garden and had sought a volunteer with an interest in gardening who would be able to help with this. The hospital was enquiring about funding from either lottery funds or the Kings Fund who may be able to help with the dementia friendly element of the design. This was ongoing at the time of the inspection.

# Wards for older people with mental health problems

There was 24-hour access to drinks and snacks for the patients. The hospital employed its own team of chefs and feedback on the food was that it was of a high standard and there was lots of choice. Monet Lodge was awarded a food hygiene rating of five (Very Good) by Manchester City Council on 3 January 2017.

Patients and their families were able to personalise their bedrooms. Patients had a memory box outside their bedroom. These were all individualised and contained things such as photographs and memorabilia from past hobbies and interests. Possessions could be locked away in the patient bedrooms and the bedroom doors automatically locked when patients left their rooms. Patients were individually risk assessed as to whether they could hold a key for their room. At the time of our inspection, no patients had a key to their own rooms but some family members were able to have a key in order to visit their relative in a quiet place away from other patients.

The wellbeing coordinator was responsible for planning activities and booking performers such as singers or pet therapy team. However, it was not their sole responsibility to conduct activities and all staff took part in these sessions and encouraged patients to get involved in activities. Activities on offer included; pet therapy, sensory sessions, bingo, beauty treatments, music sessions, baking and life story work.

## Meeting the needs of all people who use the service

The hospital building was all on one level and was accessible by people requiring disabled access. Attempts were made to meet patients' individual needs including cultural, language and religious needs. The hospital provided vegetarian options and was able to offer Halal or Kosher food to meet the needs of patients. Food was prepared on site and patients could choose from a menu. Leaflets and information about services was available in other languages via head office when required. There was access to interpreters via an online booking system that staff reported worked well when they had used it. The provider had developed easy read leaflets for patients living with dementia. The hospital had good links with local religious leaders. A local Catholic Priest and Church of England vicar attended on a weekly basis to give out holy communion and deliver a small mass. Other religious groups could be contacted and attended the unit if the patient group changed.

## Listening to and learning from concerns and complaints

There have been three complaints in last 12 months, one of these was upheld, one was partially upheld and one was ongoing at the time of our inspection. None of these were referred to the ombudsmen. We reviewed the complaints during our inspection and found that the complaints policy was followed when these were being investigated. Staff we spoke to told us how complaints were managed and they received feedback via staff meetings and individual supervision.

Information on how to complain was clearly displayed on notice boards around the hospital. Patients' relatives told us that they knew how to complain and that they felt confident they could talk to staff if they wanted to raise concerns.

## Are wards for older people with mental health problems well-led?

Good 

## Vision and values

The Making Space vision was:

"For every person with care and support needs to have access to personalised, outcome focused services that are delivered with dignity, respect and compassion to support them to enjoy an everyday life"

The Making Space Values were:

- Integrity – we act with honesty and integrity
- Respect – we value people and treat them with respect
- Excellence – we strive for excellence
- Knowledge – we inspire with knowledge
- Collaboration – we communicate and collaborate

The staff we spoke to during our inspection were aware of the organisations vision and values. The vision and values were reviewed in line with the strategic plan by the board and the executive management team in partnership and consultation with employees, patients' and other relevant stakeholders. They were included in the induction programme for all new employees and informed the strategic targets and key performance indicators for the organisation. The vision and values and the key

# Wards for older people with mental health problems

performance indicators were also an integral part of the performance management of all employees including supervision and annual appraisals. This helped ensure that the way the team worked reflected the vision and values of the provider. Staff gave positive feedback about the managers and senior leadership team at the hospital and felt they were visible and approachable.

## Good governance

The hospital and the provider had appropriate and effective systems in place to ensure regular monitoring and quality of care and treatment. There was a robust audit plan and this included regular audits of medication, care plans, Mental Health Act documentation and patient records. These audits generated action plans and we could see where improvements had been made following these. For example, changes included environmental improvements and changes to documentation, to ensure information was easily accessible. The audits were very well organised and the registered manager was able to quickly access all of the information we asked for prior to, during and after the inspection. Staff received mandatory training, supervision and appraisals and we were able to see how individual needs were identified and additional support and training offered.

The manager took immediate action to rectify any issues we raised during the inspection. For example when we found the clinic room temperatures to be high on a number of consecutive days, they arranged agreement for finances, to install an air conditioning unit; this was installed during the time the inspection report was being produced. This was despite having already tried a smaller mobile air-conditioning unit when the weather became warmer in the months leading up to the inspection.

The service gathered feedback from staff in the form of a survey on a regular basis. The last one was completed in November 2016 and 91% of responses fell into the positive category. Staff reported they felt trusted to do their job, they felt supported in their role and their suggestions about the service were listened to. The service received the highest number of neutral or negative responses for the question which related to feeling that the organisation took positive action on the health and wellbeing of staff. The action plan developed from this consisted of promoting the

employee assistance programme which provided practical and emotional support to staff around various issues that may affect their wellbeing. This was promoted through supervision as well as during staff meetings.

We saw evidence of risk being managed through regular health and safety audits. These were completed by an outside agency. There was clear evidence that action had been taken very quickly to address any issues which were found during any of the health and safety audits.

## Leadership, morale and staff engagement

Staff we spoke to told us that they were well supported by the registered manager and the clinical lead. All staff we spoke to told us that they worked together as a team. There was a strong commitment to the care of people living with dementia. Staff told us how they supported each other and despite the complex nature of the patient group, they felt happy in their jobs. The registered manager and clinical lead explained how their immediate managers supported them and felt they could go to them for help and advice when required.

Staff were supported to undertake extra specialist training relevant to their role. This included mentorship training for qualified nurses, end of life training and specialist dementia training. Staff were able to give feedback on the service and make suggestions, they told us they did this via supervision and staff meetings and felt that their suggestions were listened to and acted upon. For example, staff had raised concerns around there being no enhancements when they worked Christmas day. The manager had taken this to the senior managers in order to discuss and try to come to some sort of arrangement. Staff recognised that this might not change the situation but still felt supported by their immediate managers in this request.

Staff were aware of the whistleblowing policy and told us that they knew how to raise any issues

through this process or anonymously. Information on reporting concerns about patient care was displayed in staff and public areas.

## Commitment to quality improvement and innovation

The provider funded the dementia space team, a Making Space service created to promote good practice in



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dementia care, who were able to provide specialist advice and support on dementia care. The team was comprised of a consultant Admiral nurse who was undertaking a PHD. The team had three objectives which were:

Strategy objective 1: Communication, training and learning

Strategy objective 2: Dementia friendly services

Strategy objective 3: Dementia friendly environments

Monet Lodge was working in partnership with Dementia Space and Dementia UK to develop an Admiral nurse role

within Monet Lodge by funding the development of an existing nurse within the hospital into an Admiral. The Learning and Development programme will run for 6 months at the end of which, the chosen candidate will be assessed on the knowledge, skills and competences pertaining to an Admiral nurse role. If successful the newly qualified Admiral nurse will become part of the hospital team which will enable further development of dementia care practice for patients and specialist Admiral nurse support for carers of patients living with dementia both in the Hospital and in the community.

# Outstanding practice and areas for improvement

## Outstanding practice

Monet Lodge was working in partnership with Dementia Space and Dementia UK to develop an Admiral nurse role within Monet Lodge by funding the development of an existing nurse within the hospital into an Admiral nurse. The Learning and Development programme will run for 6 months at the end of which, the chosen candidate will be assessed on the knowledge, skills and competences

pertaining to an Admiral nurse role. If successful the newly qualified Admiral nurse will become part of the hospital team which will enable further development of dementia care practice for patients and specialist Admiral nurse support for carers of patients living with dementia both in the hospital and in the community.

## Areas for improvement

### Action the provider SHOULD take to improve

#### Action the provider SHOULD take to improve

- The provider should ensure that they continue to monitor the cleanliness of the clinic room.
- The provider should ensure that access to the ligature knife is available for all staff members in an area that can be accessed by staff but not patients.
- The provider should continue to monitor the temperature in the clinic room once the new air conditioning unit is installed to ensure the temperature remains below 25 degrees Celsius.
- The provider should ensure that all care plans are individualised and where possible written in collaboration with the patient. Care plans should be checked for errors and not copied and pasted from other generic care plans.