

# 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 overall because:

- The service provided safe care. The ward environment was safe and clean. The ward had enough nurses and doctors. Staff assessed and managed risk well. They minimised the use of restrictive practices, managed medicines safely and followed good practice with respect to safeguarding.
- Staff developed holistic, recovery-oriented care plans informed by a comprehensive assessment. They provided a range of treatments suitable to the needs of the patients and in line with national guidance about best practice. Staff engaged in clinical audit to evaluate the quality of care they provided.
- The ward team included or had access to the full range of specialists required to meet the needs of patients on the wards. Managers ensured that these staff received training, supervision and appraisal. The ward staff worked well together as a multidisciplinary team and with those outside the ward who would have a role in providing aftercare.
- Staff understood and discharged their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and understood the individual needs of patients. Each patient had a document called “all about me”. This document contained lots of information about the patient and this information was gained in collaboration with the patient and carers
- We saw memory boxes at the door of each bedroom which contained pictures of family, friends and pets, covers from favourite music and mementos from holidays.
- The hospital manager had worked hard to forge relationships with local services to help maintain the hospital gardens. They had worked with different volunteer services who came in and painted murals on the garden fences, so the patients could enjoy these.
- The service managed beds well so that a bed was always available locally to a person who would benefit from admission and patients were discharged promptly once their condition warranted this.
- The service was well led, and the governance processes ensured that ward procedures ran smoothly.

However,

- The sensor system which was meant to alert staff to patient safety issues was sounding on a regular basis throughout the day. This was disturbing for the patients and resulted in patients becoming more agitated. There was no way to stop this function other than to turn the whole system off.
- Two members of staff shared the activity coordinator role but one of them was on maternity leave and the post had not been covered. This meant that due to the hospital being busy at the time of our inspection activities did not always occur if the activity staff member was not on shift.
- The lounge area was large and could be very noisy at times. Most patients spent their day in the lounge and due to the noise level some patients became agitated and disturbed by this and would benefit from a quieter space. There was a concertina door that could be used to section off the lounge. This was not being used at the time of our inspection. However, it would have made the environment less stimulating for patients.

# Summary of findings

## Our judgements about each of the main services

### Service

### Rating

### Summary of each main service

**Wards for  
older people  
with mental  
health  
problems**

**Good**



Start here...

# Summary of findings

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### Summary of this inspection

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Good



# Location name here

**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. It is 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 patients who are either detained under the Mental Health Act

or Deprivation of Liberty Safeguards. 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 bedrooms were single occupancy with en suite facilities.

The provider had an accountable officer for controlled drugs.

We inspected Monet Lodge six times between December 2012 and July 2017. We last inspected the service in July 2017 and the service was rated as Good overall. Start here...

## Our inspection team

The team that inspected the service comprised one CQC inspector, one specialist advisor and one expert by experience. An expert by experience has personal experience of using or caring for someone who uses a health, mental health and/or social care service.

## 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 two patients who were using the service and five carers
- spoke with the registered manager and clinical lead
- spoke with five other staff members; including doctors, nurses, healthcare support workers and activity staff
- collected feedback from one carer using comment cards

# Summary of this inspection

- looked at eight care and treatment records of patients
- carried out a specific check of the medication management and

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 to two patients and five carers during our inspection. We also received feedback on one comment card.

The patients we spoke with told us they felt safe and well cared for at the hospital. They told us that staff treated them with dignity and were friendly and approachable.

Carers told us that the environment was clean, and that staff were supportive of them as well as their loved ones. They told us that when they visited they were always made to feel welcome and encouraged to join in with activities and organised events.

Patients told us that the food was tasty and that there was lots of choice. If there wasn't anything they wanted from the menu then the chef could make a bespoke option. There were lots of snacks available if they were hungry in between meals.

# 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 safe as good because:**

- The hospital was safe, clean, well equipped, well furnished, well maintained and fit for purpose of delivering care to older people with dementia.
- The service had enough nursing and medical staff, who knew the patients and received basic training to keep patients safe from avoidable harm
- Staff assessed and managed risks to patients and themselves well and followed best practice in anticipating, de-escalating and managing challenging behaviour. Staff used restraint only after attempts at de-escalation had failed. The ward staff participated in the provider's restrictive interventions reduction programme.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it.
- Staff had easy access to clinical information and it was easy for them to maintain clinical records.
- The service used systems and processes to safely prescribe, administer, record and store medicines. Staff regularly reviewed the effects of medications on each patient's physical health.
- The ward had a good track record on safety. The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.

However,

- The sensor system which was meant to alert staff to patient safety issues was sounding on a regular basis throughout the day. This was disturbing for the patients and resulted in patients becoming more agitated. There was no way to stop this function other than to turn the whole system off.

Good



# Summary of this inspection

## Are services effective?

Good



- Staff assessed the physical and mental health of all patients on admission. They developed individual care plans, which they reviewed regularly through multidisciplinary discussion and updated as needed. Care plans reflected the assessed needs.
- Staff provided a range of care and treatment interventions suitable for the patient group and consistent with national guidance on best practice. We found that medication was prescribed in line with guidance from the National Institute for Health and Care Excellence, namely Dementia: assessment, management and support for people living with dementia and their carers [NG97]. They ensured that patients had good access to physical healthcare and supported patients to live healthier lives.
- The ward team had access to the full range of specialists required to meet the needs of patients on the ward. Managers made sure they had staff with a range of skills needed to provide high quality care. They supported staff with appraisals, supervision and opportunities to update and further develop their skills. Managers provided an induction programme for new staff.
- Staff from different disciplines worked together as a team to benefit patients. They supported each other to make sure patients had no gaps in their care. The ward team had effective working relationships with other relevant teams within the organisation and with relevant services outside the organisation.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Health Act Code of Practice and discharged these well. Managers made sure that staff could explain patients' rights to them.
- Staff supported patients to make decisions on their care for themselves. They understood the provider's policy on the Mental Capacity Act 2005 and assessed and recorded capacity clearly for patients who might have impaired mental capacity.

## Are services caring?

Good



- Staff treated patients with compassion and kindness. They respected patients' privacy and dignity. They understood the individual needs of patients and supported patients to understand and manage their care, treatment or condition.
- Staff involved carers in patient care plans and ensured that patients had easy access to independent advocates.
- Staff informed and involved families and carers appropriately.

# Summary of this inspection

- The hospital manager had worked hard to forge relationships with local services to help maintain the hospital gardens. They had worked with different volunteer services who came in and painted murals on the garden fences, so the patients could enjoy these.

However,

- Two members of staff shared the activity coordinator role but one of them was on maternity leave and the post had not been covered. This meant that due to the hospital being busy at the time of our inspection activities did not always occur if the activity staff member was not on shift.

## Are services responsive?

Good



- Staff managed beds well. This meant that a bed was available when needed and that patients were not moved. Discharge was rarely delayed for other than clinical reasons.
- The design, layout, and furnishings of the ward supported patients' treatment, privacy and dignity. Each patient had their own bedroom and could keep their personal belongings safe. We saw memory boxes at the door of each bedroom which contained pictures of family, friends and pets, covers from favourite music and mementos from holidays. There were quiet areas for privacy.
- The food was of a good quality and hot and cold drinks were available although due to the high levels of cognitive impairment of the patient group staff would make these.
- The service met the needs of all patients who used the service – including those with a protected characteristic. Staff helped patients with communication, advocacy and cultural and spiritual support.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with the whole team and the wider service.

However,

- The lounge area was large and could be very noisy at times. There was a concertina door that could be used to section off the lounge. This was not being used at the time of our inspection. However, it would have made the environment less stimulating for patients.

# Summary of this inspection

## Are services well-led?

Good



- Leaders had the skills, knowledge and experience to perform their roles, had a good understanding of the services they managed, and were visible in the service and approachable for patients and staff.
- Staff knew and understood the provider's vision and values and how they were applied in the work of their team.
- Staff felt respected, supported and valued.
- Our findings from the other key questions demonstrated that governance processes operated effectively at ward level and that performance and risk were managed well.
- Staff had access to the information they needed to provide safe and effective care and used that information to good effect.
- Staff engaged actively in local and national quality improvement activities.

# Detailed findings from this inspection

## Mental Health Act responsibilities

**Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Health Act Code of Practice and discharged these well. Managers made sure that staff could explain patients' rights to them.**

Mental Health Act training was mandatory and 92% of staff had completed this. Staff that we spoke to had a good understanding of the Mental Health Act relevant to their role and the training was mandatory for all staff.

We carried out a routine Mental Health Act monitoring visit in September 2019. On that visit we found good overall adherence to the MHA and MHA Code of Practice. We identified the following areas that needed to improve:

- Necessary information for patients and carers as to how to complain and how to contact the CQC and IMHA was not displayed on the walls of the unit.
- Very few activities were available to patients. This was compounded by the absence of both activity co-ordinators.
- We found little evidence of the involvement of patients and carers in the content of care plans, which appeared very nurse-led in their approach.
- For one patient medication was being administered which was not authorised by the related T3 form or under section 62.
- Patients had significant periods of escorted leave authorised under section 17 but it appeared that patients were rarely escorted off the ward by staff. Carers interviewed confirmed that this seemed to be the case.
- Although discharge plans were in place they were often stylised and lacking in detail.

Managers of Monet Lodge provided an action statement telling us how they would improve adherence to the Mental Health Act and Mental Health Act Code of Practice. On this inspection we saw that the issues were partly resolved. There was signage on display for how to contact the Care Quality Commission and the Independent Mental Health Advocate and there were no issues regarding T3 forms. However, the remaining issues were still present. The provider action statement was only submitted the week before the inspection and the dates for completion had not yet been reached. In relation to

the point raised around section 17 leave and patients having significant amounts of escorted leave that weren't being used. We found that each patient was written up for quite large amounts of leave so that if they needed to go to hospital it was available. However, due to the nature of the patient's illness at Monet Lodge it was unlikely for the most part that this amount of leave would be used as the patients would not tolerate this. This could be for physical or mental health reasons. We spoke to the registered manager about this and leave has now been reviewed so it is more specific to each patients' abilities. For example, some patients may only be able to tolerate short periods in the garden for leave. There was also a new leave form in place where it was documented when patients had planned leave and if this did not go ahead a reason why and when the leave was rearranged for. This was a new form but appeared to be working well.

Staff had access to support and advice on implementing the Mental Health Act and its Code of Practice. Staff knew who their Mental Health Act administrators were and when to ask them for support.

The service had clear, accessible, relevant and up-to-date policies and procedures that reflected all relevant legislation and the Mental Health Act Code of Practice.

Patients had easy access to information about independent mental health advocacy and patients who lacked capacity were automatically referred to the service.

Staff explained to each patient their rights under the Mental Health Act in a way that they could understand, repeated as necessary and recorded it clearly in the patient's notes each time.

Staff requested an opinion from a Second Opinion Appointed Doctor (SOAD) when they needed to. Staff stored copies of patients' detention papers and associated records correctly and staff could access them when needed.

Managers and staff made sure the service applied the Mental Health Act correctly by completing audits and discussing the findings. The hospital had a Mental Health Act administrator who undertook audits around the

# Detailed findings from this inspection

Mental Health Act. 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.

## Mental Capacity Act and Deprivation of Liberty Safeguards

**Staff supported patients to make decisions on their care for themselves. They understood the provider policy on the Mental Capacity Act 2005 and assessed and recorded capacity clearly for patients who might have impaired mental capacity.**

For patients that were detained under the Mental Health Act staff understood the limitations, for example staff knew that the Mental Health Act could not be used for treatment decisions for physical health issues. Patients capacity to consent to treatment was reviewed by the consultant psychiatrist. Where 'do not attempt cardiopulmonary resuscitation' decisions had been made a thorough capacity assessment had been carried out and a best interest meeting had taken place with the patients' family, staff at the hospital and consultant psychiatrist and GP. We saw evidence in records of how this had been approached sensitively and the best interest of the patients kept at the forefront of these meetings.

Mental Capacity Act training was mandatory for all staff, 90% of staff had completed training in the Mental Capacity Act. There was a quarterly audit of Mental Capacity Act.

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 our last inspection there were long waits for assessments, but these were now only taking around one month to be completed. Staff we spoke to had a good understanding of Deprivation of Liberty Safeguards and told us if they had any questions they could approach the Mental Health Law Manager for advice.






There had been eleven Deprivation of Liberty Safeguards referrals in the 12 months leading up to our inspection.

## Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Wards for older people with mental health problems	Good	Good	Good	Good	Good	Good
Overall	Good	Good	Good	Good	Good	Good

# 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 was safe, clean well equipped, well furnished, well maintained and fit for purpose for the care of older patients with dementia. Although staff could not observe all parts of the ward, this was mitigated by robust risk assessments, observations and staff presence in these areas.

Staff completed and regularly updated thorough risk assessments of all ward areas and removed or reduced any risks they identified. There were seating areas at the end of each corridor where patients and relatives could sit, these had been decorated by staff in different themes for example one was a seaside theme. There was dementia friendly signage on display and the handrails were painted in a contrasting colour to the wall so that patients with impaired cognitive functioning could recognise them. This was in keeping with department of health guidance on dementia friendly environments. Patients who needed them had specialist chairs to relieve pressure and some chairs were raised to ensure patients could sit and stand from them independently.

The ward complied with guidance on same sex accommodation. There was a male and a female corridor for bedrooms that were colour coded (green and yellow) to

aid recognition. There was a female only lounge should female patients wish to use it. This complied with department of health guidance on same sex accommodation.

Staff knew about any potential ligature anchor points and mitigated the risks to keep patients safe. Ligature points around the ward included handrails and domestic taps. Due to patients on the ward having high levels of cognitive impairment there was a lower risk of self-harm and a higher risk of confusion and falls meaning these items were necessary to aid the patient group in maintaining independence. There had been no incidents of self-harm since our last inspection in 2017.

Staff had easy access to alarms and patients had easy access to nurse call systems.

Staff made sure cleaning records were up-to-date and the premises were clean. Staff checked, maintained, and cleaned equipment. Clinic rooms were fully equipped, with accessible resuscitation equipment and emergency drugs that staff checked regularly.

Staff followed infection control policy, including hand washing.

There were no seclusion facilities at Monet Lodge and seclusion was never used. Staff told us that if a patient needed this intensive level of nursing care they would be referred to the local mental health trust as a matter of urgency.

### Safe staffing

**The service had enough nursing and medical staff, who knew the patients and received basic training to keep people safe from avoidable harm.** Monet Lodge employ 39 members of substantive staff. During the day

# Wards for older people with mental health problems

this consisted of two registered nurses and five support workers. This was further supported Monday to Friday by the clinical lead and registered manager who were both registered nurses. At night time there were two registered nurses and four support workers. Qualified staff were a mixture of Registered Mental Health Nurse and Registered General Nurses.

The service had low vacancy rates. At the time of our inspection there was a vacancy for a twelve hour qualified nurse and two 30 hour support worker vacancies that were already being advertised.

There had been seven staff leave in the 12 months between 1 August 2018 and 31 July 2019. There were several reasons given for this, the rates of pay, career progression and personal reasons.

The service had low use of bank and agency nurses. Managers limited their use of bank and agency staff and requested staff familiar with the service. During the period of 1 June 2019 and 1 September 2019 there had been 12 shifts covered by bank staff and 53 shifts covered by agency. The ward rarely used agency staff but as one patient was requiring two to one observations and there was another patient on one to one observations this meant that agency staff were being utilised at the time of our inspection. Managers made sure all bank and agency staff had a full induction and understood the service before starting their shift.

Managers supported staff who needed time off for ill health. Levels of sickness were moderate. The sickness rate for the period of 1 June 2019 and 1 September 2019 was 9%.

The registered manager could adjust staffing levels according to the needs of the patients. If a patient needed a higher level of observation he was able to approve extra staff immediately without the say so of a senior manager.

There were two wellbeing facilitators (activity coordinators) in post. One was on maternity leave and this post had not been covered. The other worked 15 hours per week. Due to increased levels of observations at the hospital at the time of our inspection staff told us it was difficult for them to lead activities when the activity nurse was not on duty. This was evident during day one of our inspection where the only activity we saw was colouring.

The service had enough staff on each shift to carry out any physical interventions safely.

Staff shared key information to keep patients safe when handing over their care to others.

The service had enough daytime and night time medical cover and a doctor available to go to the ward quickly in an emergency. Medical cover was provided by a consultant psychiatrist from the local mental health trust. 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.

Staff had completed and kept up-to-date with their mandatory training. All mandatory training was above the target that the provider had set itself of 75% of staff completing mandatory training. The mandatory training programme was comprehensive and met the needs of patients and staff. The registered manager monitored mandatory training and alerted staff when they needed to update their training.

## Assessing and managing risk to patients and staff

**Staff assessed and managed risks to patients and themselves well and followed best practice in anticipating, de-escalating and managing challenging behaviour. Staff used restraint and only after attempts at de-escalation had failed. The ward staff participated in the provider's restrictive interventions reduction programme.** Staff were trained in de-escalation and restraint at a level appropriate for older adults. Some patients needed some level of safe holds for all their hygiene needs. However, we were able to see evidence that staff still attempted to try and engage the patient and complete these tasks without the use of any form of restraint. If restraint was used this was documented appropriately and for those needing it on a more regular basis a care plan was in place. There were no episodes of prone restraint in the last twelve months. Rapid tranquilisation was not used.

Staff completed risk assessments for each patient on admission, using a recognised tool, and reviewed this regularly, including after any incident. Staff used a

# Wards for older people with mental health problems

recognised risk assessment tool. The risk assessment tool included risk of falls and pressure sores and there were subsequent care plans for staff to follow if the patient was deemed as at risk.

## Safeguarding

**Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.** The registered manager had notified the Care Quality Commission of any safeguarding concerns they had raised these were predominantly patient on patient assaults.

Staff could give examples of how to protect patients from harassment and discrimination.

Staff followed clear procedures to keep children visiting the ward safe. There was a room off the main ward where children could visit relatives. This would be risk assessed on an individual basis and staff would be present during visits if required.

## Staff access to essential information

Patient notes were comprehensive, and all staff could access them easily. The hospital used paper based records for patients. These were kept in the staff office and all staff, including agency staff were able to access these as and when required. They were kept in a locked cabinet and the room was locked if staff were not inside.

## Medicines management

The service used systems and processes to safely prescribe, administer, record and store medicines. Staff regularly reviewed the effects of medicines on each patient's mental and physical health. There was a monthly audit carried out by the local pharmacy that provided the hospital with medication. When patients were admitted they came with two weeks of medication from the ward they had been admitted from, this ensured if there was delays in a prescription being done patients did not miss medication. Controlled drugs were stored correctly and there was a controlled drugs accountable officer who was the area manager. This person also attended the controlled drugs local intelligence network meetings.

## Track record on safety

The service had a good track record on safety. There were 22 serious incidents in the last twelve months from 4 August 2018. The most common type of serious incident were patient on patient assaults that were reported as safeguarding concerns to the local authority. Staff were able to tell us how they would report a serious incident and we saw in minutes of team meetings and supervision that these were fed back to staff.

## Reporting incidents and learning from when things go wrong

Staff knew what incidents to report and how to report them.

Staff raised concerns and reported incidents and near misses in line with provider policy.

Staff understood the duty of candour and gave patients and families a full explanation and an apology if things went wrong. There was a Being Open Policy which set out how the organisation met the requirements of the duty of candour legislation.

Managers investigated incidents, gave feedback to staff and shared feedback from incidents. If an incident occurred at another Making Space hospital, then this would be shared with managers to disseminate the learning to their own staff.

Managers and staff made changes to practice as a result of incidents and feedback.

Staff met to discuss the feedback and look at improvements to patient care. If the incident related to an individual staff member this would be discussed in supervision.

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

Good 

## Assessment of needs and planning of care

**Staff assessed the physical and mental health of all patients on admission. They developed individual care plans which were reviewed regularly through multidisciplinary discussion and updated as needed.**

# Wards for older people with mental health problems

## Care plans reflected patients' assessed needs and were personalised and holistic.

Although care plans were based on patient need and were regularly reviewed by staff, there was no evidence of patient involvement in care plans. It was noted that due to the fact patients were in the latter stages of dementia involvement in care plans may be more difficult. However, staff were not routinely documenting that they had attempted to engage patients in care plans and a reason why they had not been involved. We did see examples of carers being involved in care plans. This was simply a signature to say the carer agreed with the plan. However, we did see each patient had a document called "all about me". This document contained lots of information about the patient and this information was gained in collaboration with the patient and carers.

All patients had a physical health examination on admission. This included amongst other things baseline observations such as blood pressure and temperature, weight, height and body mass index. There were ongoing monthly checks for physical health and these were done more often for some patients. For example, if a patient was losing weight or was at risk of skin breakdown. The GP attended the service a minimum of once per week but generally visited much more than this. They would attend to review patients post falls and to carry out other checks such as electrocardiograms.

Care plans were developed based on the patients needs. During our inspection we found that for some patients these were done as a matter of course rather than the fact the patient needed that specific care plan. For example, some patients who had never had a fall and were not deemed as at risk of having one had a falls care plan in place. This meant that weekly review just stated "no change" sometimes for as long as twelve months. Although the falls risk assessment did indicate that if someone was over a certain age, had a diagnosis of dementia and on certain medication that could increase risk of falls then a care plan must be completed. However, as every patient in the hospital ticked the three boxes it was felt that some professional judgement could be used if this care plan was necessary or not.

## Best practice in treatment and care

**Staff provided a range of treatment and care for patients based on national guidance and best practice.** During our inspection we reviewed all patient

medication charts. We found that medication was prescribed in line with guidance from the National Institute for Health and Care Excellence, namely Dementia: assessment, management and support for people living with dementia and their carers [NG97].

## Staff ensured that patients had good access to physical healthcare and supported them to live healthier lives.

The hospital had a local GP with a special interest in older people's mental health who attended the multidisciplinary meeting twice per week and provided on call cover. There was also access to physical health specialists for example, pharmacists, dentists and optical services. We saw evidence in records reviewed that these specialists were accessed on a regular basis. For example, each patient that needed it had an optician's eye test assessment in their notes which showed if their glasses prescription had changed. This also looked at glaucoma and the general health of the eye.

There was a wellbeing practitioner employed to lead activities on the ward, this was a job share of two people working fifteen hours each. However, one member of staff was on maternity leave and these hours had not been filled. Since most of the patients at the hospital were in the severe stages of dementia, patients needed a lot of support and encouragement to join in activities. Staff we spoke to told us that it was difficult for them to find the time to lead activities when the activity staff member was not on duty. Due to the fact the patients were significantly cognitively impaired it would take involvement from the whole staff team to engage patients in activity and keep them engaged. Staff told us that due to the current demands and high levels of observations this was simply not possible and that this was disappointing for them as well. However, the registered manager had arranged to get outside people in to help bridge this gap. There was a new activity called "beactivefit" which was planned for twice weekly, this involved movement to music. There was also a hairdresser who attended monthly and a karaoke night was planned to recommence. The hospital had a large number of volunteers who came in outside of office hours to sit and befriend patients. They would usually visit in the evenings or at weekends when the wellbeing practitioner was not working.

During our inspection we spent time looking at the nutritional and hydration needs of the patients and how this was being met. Staff used the malnutrition universal

# Wards for older people with mental health problems

screening tool to assess patient's nutritional status. If a patient was losing weight, then frequency of weighing them would be increased and a care plan would be developed to try and encourage high calorie foods on a regular basis. The hospital had access to high calorie snacks and these could be provided at any time of day or night. If a patient was identified as having swallowing difficulties, then a referral to speech and language therapy team would be made and they would create a personalised care plan with a guide to thickening fluids if needed. During the two-day inspection we saw staff regularly offered and encouraged patients hot and cold drinks.

**Staff used recognised rating scales to assess and record severity and outcomes. They also participated in clinical audit,** in the twelve months leading up to our inspection there had been audits in the following areas: antipsychotic audit, pressure ulcer audit, falls audit and medication audits. The mental health act administrator also undertook audits on a quarterly basis.

## Skilled staff to deliver care

**The ward team included or had access to the full range of specialists required to meet the needs of patients on the ward. Managers made sure they had staff with the range of skills needed to provide high quality care.**

This included a registered manager, clinical lead, a consultant psychiatrist, a GP, both registered mental health and general nurses, support staff, wellbeing facilitators, domestics, laundry staff and a chef. The commissioning arrangements meant the hospital had access to a range of specialists such as podiatrists, occupational therapists and dieticians. This worked well via a referral system.

**They supported staff with appraisals, supervision and opportunities to update and further develop their skills. Managers provided an induction programme for new staff.** We reviewed six staff files during our inspection and found this to be the case. Once in post at the hospital the registered manager had regular meetings with the staff member during their probation period. We spoke to staff and they told us that they felt supported in their role by both the clinical lead and the registered manager.

The percentage of staff that had had an appraisal in the last 12 months was 79%. However, the remaining staff (seven out of twenty four) were new starters in the last six months

so were not yet due an annual appraisal. Therefore all of staff due an appraisal had one in the last 12 months. The percentage of staff that received regular supervision was 90%.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. Managers made sure staff received any specialist training for their role. When we spoke to staff they told us that opportunities for specialist training at

Monet Lodge were very good. Staff had gone on mentorship training to mentor student nurses at the local university. There were many staff who had completed venepuncture training, so they were able to take bloods from patients when required. This meant that patients could have blood tests done in a place that was familiar to them in a timely manner. The wellbeing facilitator had recently been on a specialist dementia training course for therapeutic activities. Support staff had been supported to complete NVQ Level 2 and six staff had completed the six steps to success course which aims to enhance end of life care. Staff told us if they were interested in undertaking a training course that was not mandatory they would feel confident the managers would help them to access this if it would benefit the hospital.

Managers recognised poor performance, could identify the reasons and dealt with these. We saw evidence of when staff had been supported when they were not performing well in their role. We also saw evidence of staff being managed under the performance management policy when this informal support had not alleviated the problem.

Managers recruited, trained and supported volunteers to work with patients in the service. The hospital had recruited 14 volunteers over the twelve months leading up to our inspection. They were mostly at the hospital in the evenings and at weekends and spent time with patients chatting. Some volunteers made items for the hospital, for example one had made blankets with items attached for sensory purposes.

## Multi-disciplinary and inter-agency team work

Staff from different disciplines worked together as a team to benefit patients. They supported each other to make sure patients had no gaps in their care. The ward team had effective working relationships with other relevant teams within the organisation and with relevant services outside the organisation. There were twice weekly

# Wards for older people with mental health problems

multi-disciplinary meetings. 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. The hospital described good working relationships with community teams and the local authority. We could see from reviewing patient care records that care coordinators were invited to attend MDT meetings for their patient and that there were good links with outside agencies such as advocacy the local GP and local authority staff.

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

**Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Health Act Code of Practice and discharged these well. Managers made sure that staff could explain patients' rights to them.**

Mental Health Act training was mandatory and 92% of staff had completed this. Staff that we spoke to had a good understanding of the Mental Health Act relevant to their role and the training was mandatory for all staff.

We carried out a routine Mental Health Act monitoring visit in September 2019. On that visit we found good overall adherence to the MHA and MHA Code of Practice. We identified the following shortfalls:

- Necessary information for patients and carers as to how to complain and how to contact the CQC and IMHA was not displayed on the walls of the unit.
- Very few activities were available to patients. This was compounded by the absence of both activity co-ordinators.
- We found little evidence of the involvement of patients and carers in the content of care plans, which appeared very nurse-led in their approach.
- For one patient medication was being administered which was not authorised by the related T3 form or under section 62
- Patients had significant periods of escorted leave authorised under section 17 but it appeared that patients were rarely escorted off the ward by staff. Carers interviewed confirmed that this seemed to be the case.
- Although discharge plans were in place they were often stylised and lacking in detail.

Managers of Monet Lodge provided an action statement telling us how they would improve adherence to the Mental

Health Act and Mental Health Act Code of Practice. On this inspection we saw that the issues were partly resolved. There was signage on display for how to contact the Care Quality Commission and the Independent Mental Health Advocate and there were no issues regarding T3 forms. However, the remaining issues were still present. The provider action statement was only submitted the week before the inspection and the dates for completion had not yet been reached. In relation to the point raised around section 17 leave and patients having significant amounts of escorted leave that weren't being used. We found that each patient was written up for quite large amounts of leave so that if they needed to go to hospital it was available. However, due to the nature of the patient's illness at Monet Lodge it was unlikely for the most part that this amount of leave would be used as the patients would not tolerate this. This could be for physical or mental health reasons. We spoke to the registered manager about this and leave has now been reviewed so it is more specific to each patients' abilities. For example, some patients may only be able to tolerate short periods in the garden for leave. There was also a new leave form in place where it was documented when patients had planned leave and if this did not go ahead a reason why and when the leave was rearranged for. This was a new form but appeared to be working well.

Staff had access to support and advice on implementing the Mental Health Act and its Code of Practice. Staff knew who their Mental Health Act administrators were and when to ask them for support.

The service had clear, accessible, relevant and up-to-date policies and procedures that reflected all relevant legislation and the Mental Health Act Code of Practice.

Patients had easy access to information about independent mental health advocacy and patients who lacked capacity were automatically referred to the service.

Staff explained to each patient their rights under the Mental Health Act in a way that they could understand, repeated as necessary and recorded it clearly in the patient's notes each time.

Staff requested an opinion from a Second Opinion Appointed Doctor (SOAD) when they needed to. Staff stored copies of patients' detention papers and associated records correctly and staff could access them when needed.

# Wards for older people with mental health problems

Managers and staff made sure the service applied the Mental Health Act correctly by completing audits and discussing the findings. The hospital had a Mental Health Act administrator who undertook audits around the Mental Health Act. 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.

## Good practice in applying the MCA

**Staff supported patients to make decisions on their care for themselves. They understood the provider policy on the Mental Capacity Act 2005 and assessed and recorded capacity clearly for patients who might have impaired mental capacity.** For patients that were detained under the Mental Health Act staff understood the limitations, for example staff knew that the Mental Health Act could not be used for treatment decisions for physical health issues. Patients capacity to consent to treatment was reviewed by the consultant psychiatrist. For some patients the decision had been made that should they suffer a cardiac arrest they were not to be resuscitated. For these patients a thorough capacity assessment had been carried out and a best interest meeting had taken place with the patients' family, staff at the hospital and consultant psychiatrist and GP. We saw evidence in records of how this had been approached sensitively and the best interest of the patients kept at the forefront of these meetings.

Mental Capacity Act training was mandatory for all staff. 90% of staff had completed training in the Mental Capacity Act. There was a quarterly audit of Mental Capacity Act.

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 our last inspection there were long waits for assessments, but these were now only taking around one month to be completed. Staff we spoke to had a good understanding of Deprivation of Liberty Safeguards and told us if they had any questions they could approach the Mental Health Law Manager for advice.

There had been eleven Deprivation of Liberty Safeguards referrals in the 12 months leading up to our inspection.

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

Good 

### Kindness, privacy, dignity, respect, compassion and support

**Staff treated patients with compassion and kindness. They respected patients' privacy and dignity. They understood the individual needs of patients and supported patients to understand and manage their care, treatment or condition.** We spoke with six carers and two patients who use the service. All of them told us that staff treated them with dignity and respect. Carers told us that staff were kind, compassionate, warm and approachable. We also observed interactions between the staff and patients during our two day inspection. We found that staff were friendly in their approach and were interested in the needs of carers as well as the patients. We observed a mealtime and found that patients were fed in a dignified way ensuring that food was wiped from their face after each mouthful. Staff chatted with patients whilst they were feeding them, so the patient felt at ease. Even though there were a lot of patients who all had different needs in relation to eating and drinking each patient was fed or ate a nutritionally balanced diet with a choice of hot or cold drinks. Carers told us the food served always looked appetising and that they too could help with their relatives feeding if this was appropriate.

All patients and carers we spoke to told us that they feel comfortable raising any concerns regarding staff. They told us that they would feel happy to approach any of the care staff and that they would be listened to and their concerns taken seriously. All agreed that both the manager and clinical lead were approachable and would deal with any issues they raised sensitively.

### Involvement in care

Prior to admission the clinical lead would go and assess the patient on the ward they were being discharged from. We found the admission assessment to be thorough and contain a lot of relevant information about the patient. They would also meet with families and carers to explain the purpose of the admission and the types of things they could expect from the hospital.

# Wards for older people with mental health problems

We reviewed eight patient records. Care plans were clinical in their content describing an issue for example, susceptibility to malnutrition and a description of how to manage this. We did not find involvement from patients in any of the care plans. We did not see any care plans signed by patients, although patients did have high levels of cognitive impairment, we did not see any evidence that this had been attempted or a documented reason why this had not occurred. We found evidence in patient records where carers had signed care plans to say they agreed with them. However, each patient had a document called about me. A copy of this was kept in their bedroom. It documented a lot of meaningful information about the patient. Things such as their

past hobbies, likes and dislikes in terms of food, music and environment. This document was a good example of patient centred care which involved a lot of collaborative working with patients, carers and their families. Staff used this document to plan daily care. For example, one patient enjoyed a certain type of music and staff would start to play this in their bedroom before they began assistance with personal care so that the patient was calm and relaxed throughout. Staff knew patients very well and had a good understanding of their personalities prior to dementia.

The hospital had good links with the local advocacy service who attended multi-disciplinary meetings and supported patients and their families.

Patients could give feedback on the service and their treatment and staff supported them to do this. Due to the high levels of cognitive impairment experienced by the patients it was sometimes difficult to gain meaningful feedback. However, there were monthly patient and carer meetings where feedback could be given. There was also a carer feedback questionnaire that was sent out monthly.

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

(for example, to feedback?)

Good 

## Access and discharge

**Staff managed beds well. A bed was available when needed and that patients were not moved between wards unless this was for their benefit. Discharge was rarely delayed for other than clinical reasons.** The bed occupancy for the period 1 March 2019 to 1 September 2019 was 95%. At the time of our inspection there were three empty beds at the hospital. There were no patients waiting to be admitted and no patients had been placed out of area during this time. The patients at the hospital were all from the local area, this was because the clinical commissioning group commissioned beds for patients with a Manchester GP at the hospital. If a patient became so unwell that they needed a higher level of nursing, then they would be referred to the local mental health trust where psychiatric intensive care beds were available.

Managers regularly reviewed length of stay for patients to ensure they did not stay longer than they needed to. There were no delayed discharges at the time of our inspection.

Staff supported patients when they were referred or transferred between services. All patients had a hospital passport which supported them to be cared for in a way they preferred if they were transferred to an acute hospital. If a patient was transferred, then a member of staff always went with them and remained with them whilst they were treated.

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

Each patient had their own bedroom, which they could personalise. We saw memory boxes at the door of each bedroom which contained pictures of family, friends and pets, covers from favourite music and mementos from holidays.

Patients had a secure place to store personal possessions.

Staff used a full range of rooms and equipment to support treatment and care. However, the main lounge was very large and noisy. This could be split into two using a concertina door although this was not used on the day of our inspection. Some patients utilised their bedrooms during the day if they preferred a quieter environment. There was a hair salon, clinic room for examining patients and outdoor space.

The service had quiet areas and a room where patients could meet with visitors in private. At the end of each corridor there was a quiet seating area where patients

# Wards for older people with mental health problems

could sit and relax or sit with relatives. However, the sensor system which was meant to alert staff to patient safety issues was sounding on a regular basis throughout the day. This was disturbing for the patients and resulted in patients becoming more agitated. There was no way to stop this function other than to turn the whole system off.

Patients could make phone calls in private.

The service had an outside space that patients could access easily. The gardens were well kept and have artwork which had been done recently by a local charity.

All patients and carers we spoke to told us they enjoyed the food at Monet Lodge. They told us there was enough choice and the food always looked appetising. We observed the lunchtime meal service on the second day of our inspection and found this to be the case. The food was hot and there was a choice for patients.

## Patients' engagement with the wider community

Staff at Monet Lodge knew the importance of maintaining contact with family, friends and even pets for the patient group. Carers were always welcome and there were no set visiting times. Carers were able to take patients out if this was appropriate and we saw this happening during our inspection.

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

The service could support and make adjustments for disabled people and those with communication needs or other specific needs. The hospital was all on one level.

The ward environment was dementia friendly with signage that was clear, handrails in contrasting colours to the walls and the lighting was adequate.

The service had information leaflets available in languages spoken by the patients and local community. These were also available in large print. Managers made sure staff and patients could get help from interpreters or signers when needed. These were booked via a telephone line and staff reported no issues accessing these when needed.

The service provided a variety of food to meet the dietary and cultural needs of individual patients. All food was cooked on site so if a patient had a specific dietary requirement this could be accommodated. At the time of

our inspection this was not required but in the past the hospital had provided a special diet for patients who required halal food, wheat and dairy free and vegetarian options.

Patients had access to spiritual, religious and cultural support. Patients were encouraged to maintain links with their own religious groups where possible. If patients could no longer attend, then the relevant religious leader was able to attend the hospital. During our inspection we spoke to patients and their carers about this. They told us that the Catholic priest visited regularly as well as the Church of England vicar and they carried out a small mass on occasions. Other religious groups could be contacted if the patient group changed.

## Listening to and learning from concerns and complaints

**The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with the whole team and wider service.** There had been three complaints between 22 January 2019 and 18 July 2019. Two of these were partially upheld and the other was not upheld. None were referred to the ombudsmen.

Although most patients could not tell us how to complain this was due to cognitive impairment rather than lack of signage. We saw signs around the hospital of how to complain and this was also in the welcome pack given to patient's relatives on admission. All carers we spoke to knew how to complain and felt they would be taken seriously if they did so. All carers told us they could approach the staff with any concerns initially and these would be dealt with. They told us the manager had an open door and they could speak to them if needed. Nobody told us they felt they would be discriminated against if they raised a complaint.

Staff we spoke to told us how complaints were managed, and they received feedback via staff meetings and individual supervision.

The ward had received 19 compliments during the last 12 months from 1 August 2018 to 31 July 2019 that reflected patients were satisfied with their care.

# Wards for older people with mental health problems

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

Good 

### Leadership

Both the registered manager and clinical lead **had the integrity, skills and abilities to run the service. They understood the issues, priorities and challenges the service faced and managed them. They were visible in the service and supported staff to develop their skills and take on more senior roles.** The head of operations visited the hospital on a regular basis and was involved in the running of it. Staff that we spoke to felt that all managers were approachable and visible. Both managers were knowledgeable regarding the work of the unit. They were able to describe how the team complimented each other and how they ensured they provided quality care to older people.

### Vision and strategy

The staff team demonstrated a strong commitment to their roles. The staff supported each other at work and there was a culture of openness where staff felt they could discuss and challenge within their work.

Staff knew and understood the providers vision and values and how they applied in the work they did each day. The vision and values were on display in the hospital. They were:

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

We saw the staff demonstrating these within their work.

### Culture

**Staff felt respected, supported and valued. They felt the service promoted equality and diversity, and provided opportunities for career development. They could raise concerns without fear.** Staff felt both positive and proud about the work they were doing. Staff spoke positively about their colleagues and were motivated and

enthusiastic about the work they did. Many of the staff had worked at the hospital a long time and this was a great testament to the levels of commitment shown by staff to this sometimes challenging patient group.

Staff told us they felt able to raise concerns without any fear of retribution. They felt they could approach the registered manager and clinical lead with any issues and these would be taken seriously and dealt with accordingly. Staff were aware of the providers whistleblowing procedures.

Managers addressed poor performance promptly and were clear about the correct process to follow. If more informal support and guidance did not improve performance, then the managers felt supported by human resources to deal with the issues more formally.

Staff told us they felt supported in their career progression. Staff were able to take on additional training to further their career within the service. Supervision and appraisals were in line with the providers policy and we saw evidence that career progression was discussed as part of these.

### Governance

There were systems and processes established to ensure that the quality and safety of the unit was assessed, monitored and improved. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service. There was a clear framework of what must be discussed in team meetings to ensure that essential information, such as learning from incidents and complaints was shared and discussed.

Staff understood the arrangements for working with other teams, both within the provider and externally, to meet the needs of the patients and other teams would be invited, as part of a multidisciplinary team, to ward round and care programme approach reviews.

### Management of risk, issues and performance

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.

# Wards for older people with mental health problems

Staff maintained and had access to the risk register at hospital level. Staff on the ward could escalate concerns which would then be added to the local risk register.

The service had a business continuity plan plans for emergencies, for example, adverse weather or a flu outbreak, this was comprehensive and up to date.

## Information management

Staff had access to the equipment and information technology needed to do their work. The hospital used a paper-based system for all patient care which was overall organised, audited and well managed. There were plans in the future for this to go onto an electronic records system.

Managers had access to information to support them with their management role, such as information on staffing.

All staff had completed information governance training which included confidentiality of patient records. Patient records were kept in a locked office and within a lockable cabinet. Detention papers were kept in a separate cabinet securely.

Staff made notifications to external bodies as needed such as commissioners, the local authority safeguarding team, care quality commission and health and safety executive.

## Engagement

The service provided staff with up-to-date information through the intranet and bulletins.

Patients and carers were given the opportunity to give feedback on the service at regular intervals. This was done via feedback surveys, community meetings, weekly ward rounds, complaints and suggestion boxes.

Managers and staff had access to feedback from patients and carers. They were able to use these to make changes at the hospital. For example, in relation to feedback regarding lack of activities the registered manager had arranged for outside entertainers to come into the hospital.

The hospital manager engaged with external stakeholders such as commissioners and referring agencies to ensure that the needs of the patients admitted to the hospital were being met.

## Learning, continuous improvement and innovation

The provider and hospital welcomed innovation from all its staff.

The provider welcomed students from all professional disciplines including student nurses, occupational therapists and psychologists. This enhanced the work the team already carry out with the patient group and provided ongoing professional development for the registered nurses who were qualified mentors.

The hospital manager had worked hard to forge relationships with local services to help maintain the hospital gardens. They had worked with different volunteer services who came in and painted murals on the garden fences, so the patients could enjoy these.

Making space had a peer review for the Accreditation for Inpatient Mental Health Services for older people's scheme and were awaiting the results from this.

# Outstanding practice and areas for improvement

## Areas for improvement

### Action the provider **SHOULD** take to improve

- The provider should review the nurse call system to reduce the levels of agitation this caused for patients when sounding throughout the day.
- The provider should ensure that patients always have regular and appropriate access to therapeutic activities to support their care.
- The provider should consider using the concertina doors in the main lounge on a more regular basis to create a quieter environment for the patient group when there are high levels of activity on the ward.