

## NAViGO Health and Social Care CIC

## The Gardens

## Inspection report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

## Ratings

## Overall rating for this location

Inspected but not rated



Are services safe?

Inspected but not rated



Are services well-led?

Inspected but not rated



# Summary of findings

## Overall summary

We did not rate this service at this inspection. The previous rating of outstanding remains. At this inspection we found:

- All wards were safe, clean, well equipped, well furnished, well maintained and fit for purpose
- The service had enough nursing and medical staff, who knew the patients and most had 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 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 high quality clinical records
- The service used systems and processes to safely prescribe, administer, record and store medicines
- Staff felt respected, supported and valued. They felt able to raise concerns without fear of retribution.

# Summary of findings

## Our judgements about each of the main services

### Service

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

**Inspected but not rated**

### Rating



### Summary of each main service

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# Summary of findings

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# Summary of this inspection

## Background to The Gardens

Navigo Health and Social Care CIC mental health services for the population of north Lincolnshire, including inpatient services for older people. These services are for patients admitted informally and for those detained under the Mental Health Act 1983. Navigo deliver the service from The Gardens unit situated on a site within the grounds of the county's general hospital. The unit consists of two wards Konar and Janine Smith Suite providing assessment, treatment and rehabilitation to older people who require a hospital admission due to their mental health needs.

Konar ward had 12 beds and The Janine Smith suite had 10 beds available for both males and females with either functional or organic mental health problems such as psychotic disorders or dementia.

At the last inspection in December 2017, we rated safe and effective as good. We rated caring, responsive and well-led as outstanding.

We carried out this unannounced focused inspection due to whistleblowing concerns CQC had received. Concerns included staff sleeping on shift, the overmedication of patients and discouraging staff from reporting concerns.

We reviewed aspects of safe and caring along with well-led with a focus on culture on this inspection.

## How we carried out this inspection

During our inspection, we:

- looked at the quality of the environment and observed how staff were caring for clients;
- spoke with five clients who were using the service;
- spoke with the ward managers for the wards at the service;
- spoke with 11 other staff members;
- looked at the care and treatment records of 11 clients;
- looked at the prescribing records for all clients;
- reviewed completed observation charts for the wards;
- visited the service at night.

### What people who use the service say

We spoke with five patients who were using the service, all told us that staff were caring and helpful.

Patients told us they were able to freely access the ward and their rooms throughout the day and night.

One patient stated they “had no complaints and staff are doing a brilliant job”

We observed the care and treatment of patients and found staff to be supportive, explained their actions to the patients and were encouraging.

# Summary of this inspection

## Areas for improvement

### Action the provider Should take to improve:

- The provider should ensure that there is appropriate signage to indicate the female only lounge to patients.
- The provider should ensure staff complete immediate life support training as planned.

# Our findings

## Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Wards for older people with mental health problems	Inspected but not rated	Not inspected	Not inspected	Not inspected	Inspected but not rated	Inspected but not rated
Overall	Inspected but not rated	Not inspected	Not inspected	Not inspected	Inspected but not rated	Inspected but not rated

# Wards for older people with mental health problems

Safe	Inspected but not rated 
Well-led	Inspected but not rated 

## Is the service safe?

Inspected but not rated 

**We did not look at all aspects of the safe domain on this inspection.**

### Safe and clean care environments

**All wards were safe, clean well equipped, well furnished, well maintained and fit for purpose.**

#### Safety of the ward layout

Staff could not observe patients in all parts of the wards from a central point. Staff used general observations to ensure patients were safe and observation levels were dependant on the level of individual patient risk.

Although the provider was meeting most of the mixed sex guidance there was a lack of signage around female only lounges. Both wards at the service were mixed sex, with all patient bedrooms having en-suite facilities. Konar ward had separate male and female corridors however, Janine Smith-suite did not have separate corridors. All patients who had a risk of sexual explicate behaviour or concerns about the opposite sex were on higher observations. There were multiple lounges available to patients on each ward to spend time however, we were unable to see signage to indicate any of these rooms were for female patients only.

Staff had easy access to alarms and patients had easy access to nurse call systems. The service also had bed alarms available to patients whose risk indicated they required them.

Patients had access to a sensory room on Konar ward, this room included changeable lights, massage chairs and wall projectors. The patients could also access a sensory bathroom included a jacuzzi bath, music and colour changing lights.

Each ward had dementia friendly signage appropriate for the patient group highlighting patient areas.

We did not review ligature points as part of this inspection.

#### Maintenance, cleanliness and infection control

Ward areas were clean, well maintained, well-furnished and fit for purpose. Each ward had domestic support workers who were based on the ward.

We did not review cleaning records as part of this inspection.



# Wards for older people with mental health problems

## Clinic room and equipment

Clinic rooms were fully equipped, with accessible resuscitation equipment and emergency drugs that staff checked regularly. The ward manager had introduced a new policy for checking the emergency equipment, the emergency bag was sealed with a list of items and expiry dates attached. Staff checked the seal daily and monthly the bag was unsealed, and the contents checked by staff.

## 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.**

## Nursing staff

The service had enough nursing and support staff to keep patients safe. Each shift consisted of two registered nurses and three support workers on each ward. These levels could be adjusted by the ward managers depending on the needs of the patients.

The service did not use agency staff, when additional staff were required these shifts were filled with bank staff, generally by staff from the ward. The service had no vacancies.

Ward managers used a set tool to handover key information and risks to staff at the start of each shift.

## Medical staff

The service had enough daytime and nighttime medical cover and a doctor available to go to the ward quickly in an emergency. Staff we spoke with said there had been no issues accessing medical cover and the on-call doctor could be contacted out of hours.

## Mandatory training

Staff had completed and kept up to date with the majority of their mandatory training.

However, immediate life support training was below 70% across both wards, this was due to a lack of availability of the training. All staff were booked onto the training and managers ensured that all shifts had a member of staff who are fully trained.

The mandatory training programme was comprehensive and met the needs of patients and staff. The programme included safeguarding level 3 for both adults and children along with dementia awareness, infection control and physical intervention training.

We did not review the manager monitoring of mandatory training as part of this inspection.

## 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. The service did not have access to a seclusion suite. The ward staff participated in the provider's restrictive interventions reduction programme.**

## Assessment of patient risk

Staff completed risk assessments in relation to physical and mental health for each patient on admission, using a recognised tool, and reviewed this regularly, including after any incident. We reviewed 11 records, all of which had an up to date risk assessment in place.

# Wards for older people with mental health problems

## Management of patient risk

Staff knew about any risks to each patient and acted to prevent or reduce risks. They also identified and responded to any changes in risks to, or posed by, patients. All patient risk assessments were up to date and staff were given a handover at the start of each shift covering any changes in patient need.

Staff followed procedures to minimise risks where they could not easily observe patients. This included increasing observations dependant on individual risk and need.

Staff could allocate up to 4 levels of observation to a patient, dependant on the risk they presented. All patients were under general observations during the inspection, meaning that they would be observed at least once every hour. The service policy stated that staff were required to sign to state they had observed the patient, they were also required to document a summary of the patient's presentation. We reviewed all current observation records and the completed records for the two months prior to inspection and found that the service policy was being followed.

Observation forms were audited by ward managers on a regular basis, any issues with the records were addressed with staff directly.

We did not review patient searches as part of this inspection.

## Use of restrictive interventions

Staff made every attempt to avoid using restraint by using de-escalation techniques and restrained patients only when these failed and when necessary to keep the patient or others safe. All staff we spoke with had attended physical intervention training and told us they prioritised de-escalation with patient interest over physical restraint.

We did not review the use of restrictive interventions as part of this inspection.

## 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.**

Staff received training on how to recognise and report abuse, appropriate for their role and kept up-to-date with their safeguarding training. The staff we spoke with were able to describe what would be a safeguarding concern and how they would report it.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. The service had a dedicated safeguarding lead that staff could ask for advice and guidance. All staff had received level 3 safeguarding training for adults and children.

## Staff access to essential information

**Staff had easy access to clinical information and it was easy for them to maintain high quality clinical records – whether paper-based or electronic.**

Patient notes were comprehensive, and all staff could access them easily. All patient records were updated and stored on the services online system, which staff could access via their own log in.

We did not review the transfer of patient notes as part of this inspection.

# Wards for older people with mental health problems

## Medicines management

**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 mental and physical health.**

Staff followed systems and processes to prescribe and administer medicines safely. Staff reviewed each patient's medicines regularly and provided advice to patients and carers about their medicines. Staff completed medicines records accurately and kept them up-to-date. We reviewed all patient prescription records and found that all records were authorised by the correct legal authority and were up to date.

Staff stored and managed all medicines and prescribing documents safely. Pharmacy conducted weekly audits of the stock; any discrepancies were raised with the ward managers through the incident reporting system.

Staff followed national practice to check patients had the correct medicines when they were admitted or they moved between services. These medicines were counted and stored separately in the clinic room.

The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. All patient records showed limited use of PRN medication.

Staff reviewed the effects of each patient's medicines on their physical health according to NICE guidance.

## Track record on safety

**The service had a good track record on safety.**

### Reporting incidents and learning from when things go wrong

**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.**

Staff knew what incidents to report and how to report them. They raised concerns and reported incidents and near misses in line with provider policy. Staff told us that they would raise concerns about patient care and treatment with the management team.

We did not review duty of candour as part of this inspection.

Managers investigated incidents, gave feedback to staff and shared feedback from incidents outside the service. This feedback was provided to staff in handovers, team meetings and in email.

There was evidence that changes had been made as a result of feedback. Due to concerns raised anonymously regarding patient medications the wards had changed their process for issuing medications. The process now required one nurse from each ward to issue medications to patients.

Staff met to discuss the feedback and look at improvements to patient care. Managers debriefed and supported staff after any serious incident. Staff we spoke with had received feedback from incidents through email and handover meeting.

# Wards for older people with mental health problems

## Is the service well-led?

Inspected but not rated 

We looked only at culture within the well-led key question, on this inspection, due to the concerns raised with CQC.

### Culture

**Staff felt respected, supported and valued. They said the trust promoted equality and diversity in daily work and provided opportunities for development and career progression. They could raise any concerns without fear.**

We spoke with 11 staff members including two ward managers. All staff we spoke with felt valued and respected by their leaders and colleagues.

All staff were aware of how to raise any concerns they had about the service or patient care and felt they would do so without fear. Staff were also aware of the Freedom to Speak up guardian.

Staff said that managers were visible on the wards and approachable. All staff told us they received regular supervision and felt supported by their managers. Staff were also positive about the ward managers who are new to the ward and the changes they were making.

The service had reward schemes for all staff, which included a gift voucher for Christmas at a local business of their choice. All staff we spoke with were positive about this initiative.

Both ward managers were positive about the support they had received from senior leaders and the opportunities for development.