

Dorset Healthcare University NHS Foundation Trust

Quality Report

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Core services inspected	CQC registered location	CQC location ID
Wards for older people with mental health problems	Alumhurst Ward, St Ann's hospital Chalbury Unit, Weymouth Community Hospital Melstock House, Forston Clinic	RDY10 RDYX8 RDYEW
Urgent Care Services	Weymouth Community Hospital Portland Hospital Yeatman Hospital, Sherborne Blandford Community Hospital Victoria Hospital, Wimborne	RDYX8 RDYY6 RDYY4 RDYX4 RDYFE
Community-based mental health services for adults of working age	Bridport Community Mental Health Team Christchurch & Southbourne Community Mental Health Team Weymouth and Portland Community Mental Health Team Bournemouth West Community Mental Health Team Bournemouth & Poole Assertive Outreach Team	RDYX5 RDY38 RDYY2 RDYNM RDYNM
Wards for older people with mental health problems	Herm Ward, St Brelades Ward, Alderney Hospital Alumhurst Ward, St Ann's hospital	RDY22 RDY10 RDYX8 RDYEW

Summary of findings

	Chalbury Unit, Weymouth Community Hospital Melstock House, Forston Clinic	
Specialist community mental health services for children and young people	Sentinel House	RDYNM
Mental health crisis services and health based places of safety	St Ann's Hospital: east Dorset crisis and home treatment team and health based place of safety Forston clinic: West Dorset crisis and home treatment teams	RDY10 RDYEW
Long stay/rehabilitation mental health wards for adults of working age	Nightingale House Nightingale Court 30 Maiden Castle Road	RDYFX RDYFX RDYFT
Community-based mental health services for older people	Bournemouth East Community mental health team for older people (CMHTOP) - King's Park Hospital Shaftesbury CMHTOP - Westminster Memorial Hospital Blandford CMHTOP - Blandford Hospital Poole CMHTOP - Alderney Hospital Weymouth and Portland CMHTOP - Weymouth Community Hospital	RDY02 RDYX9 RDYX4 RDY22 RDYX8

This report describes our judgement of the quality of care at this provider. It is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from people who use services, the public and other organisations.

Summary of findings

Ratings

We are introducing ratings as an important element of our new approach to inspection and regulation. Our ratings will always be based on a combination of what we find at inspection, what people tell us, our Intelligent Monitoring data and local information from the provider and other organisations. We will award them on a four-point scale: outstanding; good; requires improvement; or inadequate.

Overall rating for services at this Provider

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive?

Requires improvement



Are services well-led?

Requires improvement



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

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

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

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

Summary of findings

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Summary of findings

Overall summary

We found the trust had made improvements to the services where we had identified concerns during our comprehensive inspection in June 2015. However, the overall rating for the trust remains Requires Improvement as some of the work in services had not yet been completed.

Improvements were particularly evident in the minor injuries units and child and adolescent mental health services. Both of these had received a rating of Inadequate for Safe in our June inspection. Following this inspection, we have changed the ratings to Good overall for these services.

- Urgent care services, which consisted the minor injuries units, had improved greatly. Staffing had been reviewed and there was no longer any lone working in the units. Safe systems of work had been introduced, including triage procedures and medicines management. Staff training and support had been improved. A senior professional minor injuries unit lead had been appointed to oversee the transformation. Staff felt engaged with the improvements and felt that leadership had improved.
- Child and adolescent mental health services now considered risk at every point in the child's pathway through services; this was evident in team meetings, records and from family members. Waiting lists were monitored and staff were enthusiastic about the changes and fully engaged in the improvements to the service.

Improvements were also found in the older people's mental health wards and the long stay rehabilitation wards which led to their ratings also being changed to Good.

- The trust had addressed concerns around privacy and dignity in older people's mental health wards. This included addressing the culture on the wards as well as the environments. Staff were warm, kind and respectful when interacting with patients.
- We found a full and comprehensive programme of therapeutic, recovery focussed activities across the long stay rehabilitation wards of Nightingale Court,

Nightingale House and Glendinning ward. Glendinning ward had created a new arts and crafts room and had audited the success of its patient led activities program. Activity plans were patient led and designed around personal needs and choices. However, there were still some environmental concerns on the long stay rehabilitation wards that had not been addressed.

However, community mental health services for adults of working age, older people and the crisis teams had not made as much progress. Although some progress had been made, many of the issues that we had found previously were still present. The ratings for these services remained the same as Requires Improvement.

- The community mental health teams and crisis team still had challenges with staffing and relationships between them still needed to be improved. Record keeping still had gaps. There was an action plan by the trust in place to address this and the trust has kept us informed of further progress since our visit. There had been progress in some areas including the introduction of a new crisis line and a staffing review which identified shortfalls in team sizes which was being addressed.
- Community mental health teams for older people also had inconsistent record keeping. We were concerned that application of the Mental Capacity Act was not embedded in practice. Teams still worked in isolation and practice and elearning was not shared. However, a strategic review of older people's mental health services was being undertaken and caseload sizes had been reduced.

We were unable to rate the key question of whether the crisis team and health based place of safety were Safe due to our methodology on this focussed return visit.

The trust had made considerable progress since our last inspection however the lack of progress in community mental health services meant that although four services had their ratings changed to Good, the overall trust rating of Requires Improvement remains the same.

We will continue to monitor the trusts actions to address those concerns.

Summary of findings

Our inspection team

Our inspection team was led by:

Team Leader: Gary Risdale, Inspection Manager, Care Quality Commission

The team included CQC, inspectors, Mental Health Act reviewers, and specialist advisors from a variety of mental health and community health service backgrounds which included doctors, nurses and other professionals.

Why we carried out this inspection

We carried out this focussed short notice announced inspection to review the progress the trust had made following our comprehensive inspection in June 2015. We looked at seven of the core services that the trust provides.

We inspected the areas that we had previously assessed as requires improvement or inadequate to see what improvements had been made.

How we carried out this inspection

To get to the heart of people who use services' experience of care, we 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?

In this focussed inspection we visited services that had concerns raised in our comprehensive inspection carried out in June 2015. In each service we looked only at the key questions in those services that had been rated as requires improvement or inadequate.

Before the visit the inspection team:

- Reviewed information that we hold on the trust
- Requested information from the trust and reviewed that information

During the focussed inspection visit on the 16 and 17 March 2016 the inspection team:

- Reviewed 157 care records
- Spoke to 145 staff
- Spoke to 24 managers
- Spoke to 24 people who used services and 6 carers
- Visited 25 locations
- Attended and observed 13 multidisciplinary meetings

Information about the provider

Dorset HealthCare University NHS Foundation Trust (DHUFT) provides a range of services to the population of Dorset including integrated community health and mental health, specialist learning disability services, community brain injury services, community hospitals and prison healthcare.

Most of the trust's services are provided in the local communities, in people's homes, community hospitals or

in local centres. The services are delivered by locally based integrated health and social care teams. The trust also provides specialist assessment and treatment inpatient centres.

Whilst the trust headquarters is in Poole, the trust provides local services across a range of locations throughout Dorset.

The trust serves a population of almost 700,000 people across the county of Dorset.

The trust achieved foundation trust status on 1st April 2007.

Summary of findings

The trust has a total of 519 inpatient beds across 18 locations. These include mental health inpatient beds and community hospitals.

The trust has a workforce of 5,436 staff with an income in 2013/14 of £242.5 million and an expenditure of £240.1 million.

In 2010, the trust gained University status having already established a collaborative university department of mental health with Bournemouth University. The trust also has active relationships with Southampton University and St. Loyes School Of Occupational Therapy – Exeter.

In 2012, following the introduction of clinical commissioning groups; the trust took over services previously provided by Dorset PCT and Bournemouth and Poole PCT, which included community health services and community hospitals.

There have been 35 inspections between 2012 and 2015 across 18 locations registered to DHUFT.

There have been a number of changes in senior leadership at the trust since 2011. The current chief executive came into post in autumn 2013; following this a new executive team was appointed. A new medical director took up post in summer 2015.

At our comprehensive inspection in June 2015, we rated the trust as requires improvement. The trust was meeting standards in a number of areas. However, community mental health services, in particular, services for children with mental health needs were not. We also had concerns about urgent care services delivered from the the trust's minor injuries units. These formed the focus of this inspection.

Are services safe?

By safe, we mean that people are protected from abuse* and avoidable harm

* People are protected from physical, sexual, mental or psychological, financial, neglect, institutional or discriminatory abuse

Summary of findings

We did not conduct a trustwide review of this key question at this inspection. See our inspection report published in October 2015.

Our findings

We did not conduct a trustwide review of this key question at this inspection. See our inspection report published in October 2015.

Are services effective?

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

Summary of findings

We did not conduct a trustwide review of this key question at this inspection. See our inspection report published in October 2015.

Our findings

We did not conduct a trustwide review of this key question at this inspection. See our inspection report published in October 2015.

Are services caring?

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

Summary of findings

We did not conduct a trustwide review of this key question at this inspection. See our inspection report published in October 2015.

Our findings

We did not conduct a trustwide review of this key question at this inspection. See our inspection report published in October 2015.

Are services responsive to people's needs?

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

Summary of findings

We did not conduct a trustwide review of this key question at this inspection. See our inspection report published in October 2015.

Our findings

We did not conduct a trustwide review of this key question at this inspection. See our inspection report published in October 2015.

Are services well-led?

By well-led, we mean that the leadership, management and governance of the organisation assure the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.

Summary of findings

We did not conduct a trustwide review of this key question at this inspection. See our inspection report published in October 2015.

Our findings

We did not conduct a trustwide review of this key question at this inspection. See our inspection report published in October 2015.