

Dorset Healthcare University NHS Foundation Trust

Wards for older people with mental health problems

Quality Report

Sentinel House,
4 - 6 Nuffield Road,
Nuffield Industrial Estate,
Poole,
Dorset,
BH17 0RB

Tel: 01202 277000

Website: <http://www.dorsethealthcare.nhs.uk>

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Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/unit/team)	Postcode of service (ward/unit/team)
RDY10	St Ann's Hospital	Alumhurst Ward	BH13 7LN
RDYX8	Weymouth Community Hospital	Chalbury Ward	DT4 7TB
RDYEW	Forston Clinic	Melstock House	DT2 9TB

This report describes our judgement of the quality of care provided within this core service by <Enter provider name>. Where relevant we provide detail of each location or area of service visited.

Our judgement is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from people who use services, the public and other organisations.

Where applicable, we have reported on each core service provided by <Enter provider name> and these are brought together to inform our overall judgement of <Enter provider name>.

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 the service

Good 

Are services safe?

Requires improvement 

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 / 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 rated wards for older people with mental health problems as good because:

- The trust had addressed the concerns we had during our June 2015 inspection and had met the requirement notices.
- Staff protected patient dignity and privacy when delivering care. Staff on Alumhurst ward had received training about privacy and dignity to ensure they regarded it as a priority. The trust had met the requirement notice to protect patients' privacy and dignity by taking this action.
- The trust had built a wall in Melstock House to protect the dignity and privacy of the patient in the bedroom next to the front door. The trust had met the requirement notice to protect patients' privacy and dignity by taking this action.
- All patient records we examined contained care plans that reflected the risks identified during the risk assessment process. The trust had met the requirement notice to ensure staff protected patients from poor care by documenting risks identified in patients' care plans.
- There were processes in place for checking safety and emergency equipment. Staff completed these checks and managers used a system to ensure that this was the case. The trust had met the requirement notice to protect patients from the risks associated with unsuitable or unsafe equipment or premises.
- Clear fire evacuation procedures were in place for Alumhurst and Chalbury wards and staff knew what they were. The trust had met the requirement notice to protect patients from the risks associated with unsuitable or unsafe equipment or premises.
- The trust made changes to ensure wheelchair access to the allocated disabled patient bedroom in Melstock House. The trust had met the requirement notice to protect patients from the risks associated with unsuitable or unsafe equipment or premises.
- Managers at Chalbury and Alumhurst wards had found solutions to provide patients with sufficient access to outside areas. The trust had met the requirement notice to protect patients from the risks associated with unsuitable or unsafe equipment or premises.

- Managers had discussed solutions and formulated plans for Alumhurst and Chalbury wards to move to locations that are more suitable. Managers were unable to provide a definite timeframe at the time of inspection. The trust had met the requirement notice to provide feedback to wards when responding to environmental risks managers had raised.

However:

- The accommodation on Alumhurst ward breached health service same sex accommodation guidelines. Staff did manage the separation of genders as far as possible within the ward environment.

Are services safe?

We rated safe as requires improvement because:

- The care environment at Alumhurst ward breached same sex accommodation guidelines.

However:

- The trust had made a number of improvements from the last inspection; staff were aware of procedures in the event of fire, emergency equipment was now checked regularly and medicine management practices had improved.

Are services effective?

Not inspected. See previous report of the June 2015 inspection published in October 2015 where this key question was rated as Good.

Are services caring?

We rated caring as good because:

- Staff were warm, kind and respectful when interacting with patients.
- Staff prioritised and protected patients' privacy and dignity when giving personal care.
- Changes to the ward structure on Melstock House protected the dignity of the patient in the room closest to the entrance.
- Care plans were holistic, person centred and included patients' views, opinions and the patient's wishes.

Summary of findings

- Numerous noticeboards on the wards contained information for patients, their carers and families.

Are services responsive to people's needs?

We rated responsive as good because:

- All wards had access to fresh air, either facilitated by staff or in areas that patients could access by themselves.
- Alumhurst ward and Melstock House had a full activity timetable available for patients
- All wards had disabled access for patients with mobility issues.
- Patients had access to lockable storage for personal belongings.
- Staff actively engaged with patients from diverse social groups; staff worked to ensure patients could observe their religious beliefs.

However:

- There was no designated therapy or one-to-one room in Melstock House.

Are services well-led?

We rated well-led as good because:

- On Alumhurst ward there had been significant changes to working practices to protect patients' dignity and privacy; the ward manager had taken the role of privacy and dignity lead to drive these changes improvements.
- There was good staff morale on the wards we inspected, the staff felt included in decisions made at ward level.
- Staff told us they were aware of whom the senior managers of the service were. Chalbury ward staff told us that the trust chief executive had visited the ward on Christmas day.
- Ward managers had the authority to manage their wards
- Managers were able to submit items to the trust risk register.

However:

- In spite of more information being available and efforts by the trust, staff still felt that senior managers did not keep them informed of strategic changes to older peoples' care. This was particularly the case in relation to possible ward moves to different sites.

Summary of findings

The five questions we ask about the service and what we found

Are services safe?

We rated safe as requires improvement because:

- The care environment at Alumhurst ward breached same sex accommodation guidelines.

However:

- The trust had made a number of improvements from the last inspection; staff were aware of procedures in the event of fire, emergency equipment was now checked regularly and medicine management practices had improved.

Requires improvement



Are services effective?

Not inspected. See previous report of the June 2015 inspection published in October 2015 where this key question was rated as Good.

Good



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Summary of findings

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Good



Summary of findings

Information about the service

Dorset HealthCare University NHS Foundation Trust has five wards for older people with mental health problems situated on four sites. We visited the three wards where we had identified concerns during the last inspection in June 2015.

Alumhurst ward is situated at St Ann's hospital and is a 20 bedded mixed sex ward for older people with functional mental health issues

Chalbury ward is situated at Weymouth community hospital and is a 12 bedded mixed sex ward for older people with mental health problems. It is an assessment and treatment unit. Due to staffing levels at the time of inspection it only had eight patients

Melstock House is located at the Forston clinic in Dorchester. It is a 12 bedded mix sex ward for the assessment of older people with acute mental health problems.

Our inspection team

Team leader: Gary Risdale, Inspection Manager, CQC

The team that inspected wards for older people with mental health problems comprised two CQC inspectors and a specialist advisor with experience in working in older peoples mental health.

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. In that report we rated four key questions for wards for older people with mental health problems as requires improvement. We published the report from the comprehensive inspection in October 2015.

Following our June 2015 inspection, we issued four requirement notices using CQC powers under the Health and Social Care Act 2008. The first requirement was that the trust must take action to ensure that patients were protected from risks associated with unsafe or unsuitable

equipment and premises. The second requirement was that the trust protects patients against unsafe care and treatments by ensuring staff documented risks they identified in patients' care plans. The third requirement was that the trust must take action to make sure that patients' dignity and privacy are protected and monitored. The final requirement was that the trust must respond in a timely manner to environmental risks identified on their wards and have a system in place to review this.

This inspection reviewed the progress the trust had made.

How we carried out this inspection

We undertook a focussed inspection of the areas where we had identified the need for improvement. We only reinspected the key questions that we had rated as requires improvement and this report details our findings related to;

- Is it safe?
- 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 these services.

During the inspection visit, the inspection team:

Summary of findings

- Visited Alumhurst, Chalbury and Melstock House wards that provide services for older people with mental health problems
- spoke with four patients who were using the service
- spoke with the managers of Alumhurst ward and Chalbury ward
- spoke with 12 other staff members; including doctors, nurses, ward clerk and catering staff.
- spoke with the head of nursing for the trust and the service manager in charge of older people's mental health wards
- attended and observed one multi-disciplinary meeting.
- observed the interactions between staff and patients and the care being provided.
- looked at 15 care records of patients.
- reviewed seven medicine charts.

What people who use the provider's services say

Patients were complimentary regarding the service. They said staff were kind and supportive and they felt that they received good care. However, one patient did not like the sleeping arrangements at Alumhurst where patients slept in four bedded dormitories.

Areas for improvement

Action the provider **MUST** take to improve

The trust must ensure that they address the breach of same sex guidance. Specifically female patients on Alumhurst ward having to walk past male patients' rooms to access bathrooms.

Action the provider **SHOULD** take to improve

The trust should ensure that staff on the wards are informed and engaged in the future strategy for older people's mental health.

Dorset Healthcare University NHS Foundation Trust

Wards for older people with mental health problems

Detailed findings

Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
Alumhurst Ward	St Ann's Hospital
Chalbury Ward	Weymouth Community Hospital
Melstock House	Forston Clinic

Mental Health Act responsibilities

We did not review the responsibilities under the Mental Health Act 1983 at this inspection as there were no concerns at our previous inspection.

Mental Capacity Act and Deprivation of Liberty Safeguards

We did not review the responsibilities under the Mental Capacity Act 2005 or Deprivation of Liberty Safeguards at this inspection as there were no concerns at our previous 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

Our findings

Safe and clean environment

- The bedrooms on Alumhurst ward consisted of four, four bedded bays and three single bedrooms. Staff placed patients with higher-level needs in single rooms. The female bays were accessible using a fob and had dedicated female only bathrooms. Female patients accessed these areas by walking through a male section that had dedicated male bathrooms. Although staff had managed the gender separation as far as possible, this still resulted in a breach of same sex accommodation guidelines. Curtains divided the bays into sleeping areas. It was difficult for staff to provide personal care with sufficient privacy for the patients within these areas. Patients remained in these areas for many months. There were plans for changes to the sleeping arrangements on Alumhurst ward to end sleeping in dormitories by providing each patient with an individual bedroom. These changes were dependent on Alumhurst ward moving location. Trust managers had not confirmed the time scale for this move at the time of inspection. The trust had advised us after the inspection that once building of a female psychiatric intensive care unit is completed, they will address the environmental issues at Alumhurst.
- Melstock House and Chalbury ward had male and female patients. Melstock House and Chalbury ward had single rooms for patients that ensured privacy and dignity for the patients. There were communal areas where staff were present.
- On Alumhurst ward there was no clear line of sight. Staff had difficulty observing all areas due to blind spots but staff mitigated this by completing regular observations of patients. Chalbury ward was more spacious. However, it was still difficult for staff to observe areas due to blind spots. Melstock House had a central atrium surrounded by patient bedrooms so there were fewer line of sight issues. Staff were present in communal areas on the wards which reduced the level of risk the patients.
- Managers had assessed the wards for ligature risks, these were identified using ligature risk assessments and mitigated using management plans. Staff we spoke to understood the need to observe patients with increased risks of self-harm and followed the hospital observation policy to do so.
- Alumhurst ward, Chalbury ward and Melstock House had clean, accessible and well-maintained clinic rooms. Staff on Alumhurst and Chalbury had checked emergency equipment weekly and documented this. Staff on Melstock House had not checked equipment for a period of three weeks during February 2016. Managers had the responsibility to ensure checks happened. Older persons mental health (OPMH) lead then sent this information to the hospital clinical leads.
- All ward areas were clean and the furniture and fittings were of a reasonable standard.
- Staff adhered to infection control procedures including hand washing. We saw notices about hand washing in all clinical areas and staff and patient bathrooms and saw this in practice.
- All new staff on Alumhurst received a handbook detailing any environmental risks present on the ward. Risks specified included slips and trips, manual handling and infection control. Managers had ensured there were procedures in place to manage the evacuation of patients in the event of fire. Chalbury and Alumhurst were both on the first floor so had agreed a plan with the trust fire officer to use horizontal evacuation initially. To do this staff moved patients to an area as far from the fire as possible on the first floor. If the fire brigade recommended evacuation, there was a plan for how staff managed this. The staff we spoke with were aware of the plans. On Chalbury ward, the manager had displayed the fire evacuation plan in the ward office. We saw evidence that staff on Chalbury ward had participated in a walk-through of the fire evacuation plans.
- Personal alarm systems were present for staff on all wards. We noted that Alumhurst ward did not have a nurse call system in the dormitory sleeping areas.

Safe staffing

Are services safe?

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

- The ward manager at Chabury ward was concerned that there were four qualified nurse vacancies and potentially more in the near future. Previously it had been agreed to block book agency staff. Alumhurst ward had one qualified nurse vacancy but the manager confirmed they were able to manage this. Melstock House had sufficient staffing levels. The ward managers confirmed that they were able to increase staffing levels as required due to changes to the risks on the wards.
- Staff had received mandatory training. Staff had completed their training above a level of 85% for the majority of courses. This figure met the trust's target for completion.
- Staff increased the observation level of patients if required. Staff told us this happened for a variety of reasons. Examples given were self-harm, agitation or aggression and concerns about a patient's physical health.
- Staff confirmed that the preferred method of managing agitation or aggression was verbal de-escalation. We observed staff at Chabury ward managing an agitated patient using these methods.
- Staff were trained in safeguarding. All staff had received level one training for protecting adults and children adults and children. Training levels for protecting adults and children at level two varied. Training completion for Alumhurst staff was 96 % for both topics. Chabury ward had a completion rate of 88% for both topics. Melstock House had a completion rate of 89% for adults and 84% for children. Staff were confident when they discussed with us how to make a referral. Safeguarding information was present on noticeboards within all wards.
- Good medicine management practices were in place. All medicine charts we saw were fully completed. A pharmacist visited the wards weekly. All medicines were stored correctly and staff audited the medicine charts weekly as part of the process of quality improvement. We saw confirmation of this within the managers' weekly audit checklist.

Assessing and managing risk to patients and staff

- We reviewed 15 patient care records, 10 on Alumhurst ward and five on Melstock House. All contained an up to date and fully completed risk assessment. We saw that staff updated them regularly and captured a wide variety of risks including physical and mental health. Identified risks were reflected in the patients' care plans
- Informal patients were able to leave the wards. Patients we spoke to confirmed this. Signage on exit doors asked patients to speak to a member of staff if they wished to go out.

Are services effective?

Good 

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.

Our findings

Not inspected. See previous report of the June 2015 inspection published in October 2015 where this key question was rated as Good.

Are services caring?

Good 

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

Our findings

Kindness, dignity, respect and support

- We observed kind, respectful and supportive interactions between staff and patients whilst we were on Alumhurst ward. Staff were visible and spent time with patients in more sociable conversations that contributed to the positive atmosphere on the ward.
- The ward manager on Alumhurst ward explained that they had written a training session about dignity and respect. The manager delivered this to ward staff and they planned to repeat it every four months. The session was interactive and asked staff to think about the concepts of privacy and dignity. Staff discussed how privacy and dignity affected the way they provided personal care for the patients on the ward. The manager was determined that privacy and dignity was a high priority when staff provided care for patients.
- We spoke with staff on Alumhurst ward and they discussed the importance of maintaining the dignity of patients when they provided personal care.
- During our time on Alumhurst ward, the clinic door remained shut when staff looked after patients' needs during medicine administration.
- We saw nine care plans for patients that addressed the issues of privacy and dignity particularly if the patient lacked capacity.
- Staff were knowledgeable about the needs of the patients on Alumhurst ward and supported the patients to access activities.
- We spoke to four patients on Alumhurst ward. They were very happy with the care they received and told us the staff were very helpful and caring. However, one patient stated that they found it difficult sleeping in the communal dormitories as they felt there was no privacy.

- At Chalbury ward we observed warm and respectful interactions between staff and patients. We saw staff acting with patience and kindness with patients who had a high level of need due to their organic illness. Staff de-escalated patients' agitation and verbal aggression calmly with warm, respectful and caring interactions. Staff were attentive to patients' needs.
- We spoke to a patient and their visitors on Chalbury ward. They were very appreciative of the care provided by staff on the ward.
- At Melstock House we observed warm and positive interactions between patients and staff. These were respectful and supportive.
- The trust had made changes to the structure of the ward entrance at Melstock House. The changes maintained the privacy of the patient in the bedroom nearest to the front door.
- All patients at Melstock House had single rooms. This maintained patients' privacy and dignity when they received personal care from staff.

The involvement of people in the care they receive

- We saw 15 care records that contained care plans and risk assessments that were holistic and covered areas such as physical and mental health and social needs. Staff had documented patients' views and opinions. Care plans were person centred and recovery orientated. Staff offered patients copies of their care plans and staff documented if patients declined. If staff assessed a patient and they lacked capacity to be involved in the planning of their care needs staff involved family/carers.
- There were numerous noticeboards on all the wards we visited that provided information. The information included how to access advocacy services, activities available and information for carers.

Are services responsive to people's needs?

Good 

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

Our findings

Access and discharge

- Bed occupancy on Alumhurst ward was 99% for the previous six months. Chalbury ward's bed occupancy rate was 89% for the same period. Melstock House reported a bed occupancy rate of 98% during the same six-month period.

The facilities promote recovery, comfort, dignity and confidentiality

- Alumhurst ward and Chalbury ward provided a range of rooms and equipment to support treatment, activities and care. There were separate female lounges available and quiet rooms for therapy and one-to-ones. Melstock House did not have a dedicated room for therapy or one-to-one sessions to take place. There was a large multi-purpose area in the centre of the ward for doing occupational therapy activities. However, the television lounge was the only room that confidential activities such as therapy or one-to-ones could take place. This was disruptive as it meant that visitors or other patients were unable to access the room when sessions took place.
- Melstock House patients had access to a ward garden and outdoor space. Alumhurst and Chalbury wards did not have dedicated outside space as both were on the first floor. Alumhurst resolved this issue by ensuring the daily activities available included walks in the local area or the hospital grounds. If a patient wanted to go outside for a cigarette, staff were able to take them at set times. Staff told us that if patients asked to go outside of the scheduled times they would try to get them out as soon as possible. Patients from Chalbury ward made use of the garden attached to a day unit in the Weymouth community hospital grounds. There was no formal agreement; however, the day unit asked that the ward contacted them before accessing the area to confirm that the garden was empty. The manager confirmed that access was easier at weekends as the day unit was not open. The trust had plans to resolve outside space issues and managers had considered a variety of options. However, the trust had not made a final decision at the time of inspection.
- All wards had an activity timetable for patients. We saw a good level of activity was available on all wards. All

wards had access to occupational therapy staff. Alumhurst ward had identified that the information technology equipment patients used was no longer working well. The ward manager had asked for quotes to replace this. Other plans included fitting a system for patients to watch television using headsets. This would reduce the level of disturbance experienced by patients when visitors were in the television lounge. Activities included walks in the local area, visits to town, afternoon tea sessions and arts and crafts. Staff discussed how they identified the interests of patients and tried to encourage them to participate in outings geared to these preferences.

- Patients told us that food was of good quality. Alumhurst had introduced a "menu free" dining room. Patients chose food on the day, dependant on what they wanted. This had meant less waste and more choice for patients. Canteen staff were very positive about how well the new process was working. Patients liked the food and said it was of good quality
- Patients were able to access hot drinks and snacks on all wards when requested.
- Patients were able to personalise their bedrooms if they wanted to. Examples we saw included pictures of family members or personal possessions. Patients who slept in communal dormitories on Alumhurst ward had access to lockable wardrobes and drawers to store personal belongings securely.

Meeting the needs of all people who use the service

- All wards were accessible to patients with disabilities or mobility issues. Melstock House had updated one of their bedrooms to install a wet room and enable access by wheelchair. The consultant at Alumhurst ward confirmed that they often admitted patients who had physical health difficulties but were below 65 years of age. Other wards in the hospital had recognised that staff on Alumhurst ward had more experience in managing physical health conditions.
- We saw evidence that staff respected patient diversity. Signage was on display that indicated staff attempted to meet patients' religious, cultural and language needs. Canteen staff confirmed that they worked with patients to meet their nutritional needs in the context of their religious faith.

Are services responsive to people's needs?

Good 

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

- Noticeboards were a source of information regarding local services. Other information included patients' rights, how to make a complaint and advice on healthy eating.
- Contact details were available for religious groups. Staff would arrange visits from priests, vicars, imams and other religious and spiritual representatives if a patient requested.

Are services well-led?

Good 

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.

Our findings

Vision and values

- Staff were unsure about how their services fitted in to the bigger picture of the trust. There was confusion about strategic plans, especially about the possible moves for Alumhurst and Chalbury wards. The plans for a permanent move for Alumhurst were dependent on the trust finishing other capital projects. Managers had told staff about a possible interim move which had not been decided on at the time of inspection. A number of options appeared to be in discussion for Chalbury ward but managers had not communicated any finalised plans to ward staff. The trust was developing an overall strategic plan for older people's services that was due in July 2016.
- Staff told us they were aware of whom the senior managers of the service were. Chalbury ward staff told us that the trust chief executive had visited the ward on Christmas day.

Good governance

- The appropriate numbers of staff covered shifts on the majority of occasions. This was significantly easier for Alumhurst and Melstock as they were on hospital sites with other mental health wards. Chalbury ward found it more difficult as it was on a community hospital site with no other mental health units nearby. The ward manager on Chalbury ward told us there were four vacancies in the staff nurse group and there could possibly be more in the near future. We saw the manager had documented the staffing issues on the ward risk register. Senior managers had agreed for agency staff to be block booked.
- There was clear guidance about safeguarding procedures displayed on all wards.
- The ward managers told us they had the authority to manage their wards. They were able to submit items to the trust risk register, for example concerns regarding the environment at Alumhurst ward and staffing problems on Chalbury ward.

Leadership, morale and staff engagement

- Local management had recognised and identified that the findings of the CQC inspection in June 2015 were fair and accurate. As a result they had strived to make significant changes to working practices on the wards.
- There had been significant changes in the way the team at Alumhurst ward worked. During the last inspection, CQC had highlighted concerns about how the staff did not protect patients' privacy and dignity. To address this the ward manager had assumed the role of privacy and dignity lead. We saw a new training package the manager had developed about privacy and dignity and had delivered it to the ward staff. The inspection team noted an increased awareness of the issues and that staffs' working practices had changed since the last inspection. The ward manager told us that they felt passionately about the importance of this work and wanted it to continue. The inspection team noted that there was a positive atmosphere on the ward and staff confirmed they had noticed the change.
- Staff we spoke with felt very positive about the work they did. Staff described morale as being good on all the wards. They were positive about the managers they worked with. They stated that they felt included in decision making on the wards and empowered to make changes.
- Staff we spoke with were happy to use the trust whistleblowing process and felt confident to raise concerns.
- Managers described having opportunities for leadership development. The manager and a clinical team leader from Alumhurst were going on a leadership course. The ward manager from Chalbury had commenced a nurse practitioner course. A clinical team leader from Melstock House had been seconded to commence their general nurse training to become dual qualified.
- The staff we spoke with were very positive about the team working and support provided on their wards. They felt that they worked well together and gave good care to the patients on the wards. Staff we spoke with on Alumhurst described themselves as a supportive, empathic team that was very positive.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983	Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect
Treatment of disease, disorder or injury	Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect Ensuring the privacy of the service user. People using services should not have to share sleeping accommodation with others of opposite sex and should have access to segregated bathrooms and toilet facilities without passing through opposite-sex areas to reach their own facilities. The trust must address the breach of same sex guidance on Alumhurst ward. This is a breach of regulation 10 (2)(a)