Devon Partnership NHS Trust

North Devon District Hospital

Quality Report

North Devon District Hospital
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Date of publication: 17/04/2014
Date of inspection visit: 3-7 February 2014

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, information from our 'Intelligent Monitoring' system, and information given to us from people who use services, the public and other organisations.

Summary of findings

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Summary of findings

Overall summary

North Devon District Hospital is in Barnstaple, North Devon. The hospital has both acute and mental health services on site provided by two different NHS trusts. This inspection looked at the mental health services only, which are run by Devon Partnership NHS Trust. These services support approximately 158,000 people in North Devon and Torridge local authority districts, which are predominantly rural areas. North Devon District Hospital provides a full range of inpatient, outpatient and community services.

We found good areas of practice and many positive findings across adult and older adult inpatient services in North Devon. The adult acute admission wards, Ocean View and Moorland View, were safe, met patients' needs and improvements had been made through learning from incidents. Patients held staff in high regard and felt them to be committed, compassionate and caring. Patients confirmed there was a recovery approach to their care and support, which they found responsive to their needs and experienced at all stages of their hospital stay. For example, a patient described Moorland View as being "A gift to my recovery". The culture on both admission wards was inclusive and the atmosphere was calming. We found restraint, seclusion and rapid tranquilisation was rarely used because staff were skilled in using de-escalation strategies.

Meadow View is an inpatient ward providing assessment and treatment for older people with mental health needs, such as depression, anxiety and psychosis. Patients here also experienced a recovery approach. We saw patients experienced compassionate person-centred care and support. Potential risks associated with ageing, such as falls, were well managed and meant patient health was promoted. Again, the culture on Meadow View was inclusive and the atmosphere was calming and supportive.

All areas of the hospital were clean and staff followed good infection control practice. The design of all the wards created some limitations regarding the line of sight, which meant there was an increased safety risk. However, this had been identified on all of the wards and was mitigated by several measures. Staff were allocated to certain areas and the positioning of patients in bedrooms was made according to known and potential risks. There were high levels of engagement with patients to monitor their mental wellbeing. The hospital environment was satisfactory and patients' privacy and dignity needs were met. Patients confirmed the accommodation was comfortable and commented it had a non-institutional feel.

All of the inpatient teams were well-led, with strong leadership which promoted best practice. Staff morale was good and they worked well together in multi-disciplinary teams. There was an open culture on all three wards and staff were confident in raising concerns. The governance arrangements were effective and monitored the performance of the services. Staff were empowered to make decisions and knew how to make changes or get problems solved.

There were four main areas, where improvements need to be made. These relate to the accuracy of the documentation used for Mental Health Act, responsiveness of the service, monitoring of the use of restraint and seclusion and quality of food.

All the documentation used by the trust should be clear regarding the detaining authority. There also needs to be a record made about the discussions between second opinion appointed doctors and statutory consultees.

The trust had systems in place to manage beds but we found that at times up to a third of the patients admitted to North Devon District Hospital could come from other parts of Devon. This meant local patients sometimes experienced being admitted to another hospital within the trust, and then moved closer to home once a bed became available. The other hospitals run by the trust are a considerable distance away and we heard about the impact this has on the frequency of visits patients have from their carers, friends and others. Similarly, patients from other areas of Devon and Torbay experienced these same issues when admitted to North Devon District Hospital until being moved back to their local hospital.

The recording of physical interventions, including restraint and seclusion, need to be reviewed to ensure this is happening in line with guidance and enables the trust to monitor their use across all their services.

Summary of findings

Patients told us the quality and quantity of food provided was very poor. The trust has a service level agreement with the acute trust, Northern Devon Healthcare, to provide food to the mental health unit. Managers had escalated patient concerns about the quality and quantity of food to the Northern Devon Healthcare Trust manager responsible for overseeing the contract with the external provider. We were assured by these actions, but progress with addressing this issue needs ongoing monitoring.

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Patients experienced safe care and treatment at North Devon District Hospital. There were robust systems in place to capture and report incidents and notify external bodies. At a local level, teams consistently used this information to learn from incidents and improve standards of safety for patients.

Staff understood and followed safeguarding procedures.

Staffing levels were regularly reviewed and responsive to the changing needs of patients.

Are services effective?

Patients experienced care and support based on the recovery model of care. We also observed appropriate clinical guidance, standards and best practice.

Teams worked collaboratively across the service, with other stakeholders and improvement groups led by people using the services.

Audits were used effectively to guide and improve patient care. However, some aspects of the administration of the Mental Health Act and Code of Practice needed amending.

Are services caring?

The majority of patients spoke highly of the staff. Many patients were full of praise and said that staff were kind, caring and attentive to their needs. Staff communicated with patients in a respectful way, listened and acted upon their wishes. Patients' privacy and dignity was maintained.

People who use the service and carers felt able to make choices and be involved in reviews of their care. Carers' needs were not always followed up after initial assessment.

Are services responsive to people's needs?

Patients' needs were well met during their hospital admission. Patient feedback was regularly being obtained.

Patients knew how to make complaints and these were appropriately handled, and shared with teams and improvements made. Concerns were raised by patients about the quality and quantity of food, which had been acted upon.

Acute beds in North Devon Hospital are often occupied by people from other parts of Devon, which can mean North Devon patients on occasions having to go elsewhere. Extra care beds are sometimes used for young people in crisis due to a lack of inpatient services for children and young people in the South West. The trust is working closely with the commissioning groups and Child and Adolescent Mental Health Services, but this continues to present some pressures for the teams in North Devon.

Are services well-led?

There is strong leadership across the hospital. All areas were well-led and had a positive impact on patients' care and treatment. The clinical leadership structure was embedded and effective.

The culture was open and the trust had mechanisms in place to hear and share information with staff. Staff raised concerns, safe in the knowledge these would be acted upon and improvements made. Morale was very high across all staffing levels and no staff reported being bullied.

Summary of findings

What we found about each of the main services at this location

Mental Health Act responsibilities

Physical health assessments had been carried out and physical health needs were addressed as part of the patient's care plan. Care plans were comprehensive and specific to the needs of the patient concerned. Patients had been involved in their development. Risk management plans were in place; however we were unable to find any specific risk plans regarding section 17 leave.

Patients were informed of their rights under the Mental Health Act 1983; however issues where found regarding the legality of detention. Legal documents stated the name of the adjacent acute hospital as the detaining authority and these need to be amended.

A framework for monitoring the provider's duties under the Mental Health Act 1983 was in place. Comprehensive audits were completed at hospital level. Areas for improvement were identified along with actions to remedy these.

Acute admission wards

We found good areas of practice and many positive findings across adult inpatient services in North Devon. The adult acute admission wards, Ocean View and Moorland View, were safe, met patients' needs and teams demonstrated improvements had been made through learning from incidents. Patients held staff in high regard and felt them to be committed, compassionate and caring. Patients confirmed there was a recovery approach to care and support, which they found responsive to their needs, and was experienced at all stages of their hospital stay. The culture on both admission wards was inclusive and the atmosphere was calming. We found restraint, seclusion and rapid tranquilisation was rarely used because staff were skilled in de-escalation strategies.

The wards were clean and staff followed good infection control practice. The design of all the wards created some limitations regarding the line of sight, which meant there was an increased safety risk. However, this had been identified on all of the wards and was mitigated by several measures. Staff were allocated to certain areas and the positioning of patients in bedrooms was made according to known and potential risks. There were high levels of engagement with patients to monitor their mental wellbeing. The hospital environment was satisfactory and patients' needs were met with regard to their privacy and dignity. Patients confirmed the accommodation was comfortable and commented it had a non-institutional feel.

There were four main areas, where improvements need to be made. These relate to the accuracy of the documentation used for Mental Health Act, responsiveness of the service, monitoring of the use of restraint and seclusion and quality of food.

Services for older people

Meadow View provided a high standard of care to people using the service. It was a safe and secure place for patients to stay, where staff cared for them in the least restrictive way. Recruitment ensured there were enough members of staff to care for patients' safely. Patients told us that they felt safe and well cared for. Carers were full of praise about the progress their relatives were making. Where patients did not have mental capacity, appropriate steps were taken to promote their rights through best interest and involvement of carers.

Patients had thorough assessments, which considered appropriate risks and health issues related to the ageing process. Patients were involved in discussions about treatment options available and alternatives to inpatient care, such as adult social care providers in the community. A personalised approach to management of risks and care planning was consistently followed for patients. Good quality information was given to carers and individuals throughout their stay on the unit. Collaborative working across all sectors and services was evident to ensure patients had the right support and experienced seamless care.

Summary of findings

The team on Meadow View was well-led, with strong leadership which promoted best practice. Staff worked well together as a multi-disciplinary team. There was an open culture on the ward and staff were confident in raising concerns. Morale was high across all staffing levels. The governance of the hospital was closely monitored at both local and trustwide levels by senior managers. Staff were empowered to make decisions and knew how to make changes or get problems solved.

Summary of findings

What people who use the location say

We heard what people thought about the services through an engagement event coordinated by 'Be Involved Devon' in the week before the inspection. We also received feedback through 24 completed comment cards. People were full of praise and said that staff were kind, caring and attentive to their needs. One person said "the staff are lovely. They listened to me when I'm angry and upset. I can always approach staff when I'm low and they will listen and help me through my problems. They are helping me with everything. The ward is always clean and tidy. My needs were responded to whenever I need support. The ward is a safe place for everyone".

People felt the trust and local services were inclusive; the emphasis of care and support was said to be recovery focused and their involvement had led to improvements in the service. People's comments included "much improved and we've done a lot with them to help improve this". The care and treatment was said to be "very recovery orientated". Staff were said to be caring, with comments like, "The way they supported my partner was above and beyond what they should do".

Several people described effective care, which meant they had been in recovery for a long period of time and not needed admission to the units. One person described educational resources they had been put in touch with and had done courses. They said "I feel more normal and balanced because of the support I've had and been helped to learn more about my bipolar illness and how to stay well". People said the trust was "More likely to listen and take on board what people say. For example, on Ocean View people were involved in a staff interview panel".

Areas people said needed improvement were:

- Clearer information about people's right to leave the ward.
- Access to psychological services.
- Bed management so people are admitted to local beds.
- Safety of outside spaces to discourage people from absconding over fences.
- Routine explanation of information booklets given to new patients following admission.
- Safety inside the wards through measures to enable staff to see clearly what is happening around the wards.

During the inspection, we spoke in total to 30 patients out of 46 across three wards. Many of their comments are included in this report.

Areas for improvement

Action the provider SHOULD take to improve

- There should be the correct details on all Mental Health Act documentation so that it is clear who is the detaining authority. Discussions with patients about the outcome of second opinion appointed doctors assessments must take place and be documented in the individual's records.
- The quality and quantity of food should be improved for patients.
- The trust should ensure that effective bed management reduces the need for patients to be admitted a long distances from their homes.
- The recording of physical interventions including restraint and seclusion needs to be reviewed to ensure they are in line with guidance and provide accurate information so this can be monitored across all parts of the trust.
- The recording of risk plans associated with section 17 leave should be improved.
- Executive team "walkabouts" should take place regularly in North Devon.
- The trust should improve access for staff to gain skills and qualifications in therapeutic approaches.
- Notices on doors should be made clearer and not use the word 'permission' so that informal patients know

Summary of findings

to approach a member of the nursing team for help. This would avoid confusion for patients who are not detained about their right to leave when the ward door is locked.

Action the provider COULD take to improve

- Confidential information about patients on boards in office could be covered so staff only view the information when they need to. This would further protect confidential patient information.
- The trust could work more closely with local colleges to deliver therapeutic skills qualifications in areas where staff currently work.
- Further collaborative work with third sector providers could be undertaken by the trust in North Devon, to facilitate alternatives to inpatient care and promote sustained recovery for older people avoiding multiple admissions to hospital.

Good practice

The service for older people provides a clear process for patient support and treatment, which is understood by the team, patients and their carers. This has brought consistency to the delivery of patient care and treatment in line with National Institute for Health and Care Excellence (NICE) standards.

On Ocean View, the team are reconciling patient medicines when they are admitted faster than the standard set by the trust. This has improved patient safety.

Moorland View staff recognised potential risks and initiated collaborative working with emergency medical teams to have accessible emergency equipment on all the wards. This has improved patient safety.

North Devon District Hospital

Detailed findings

Services we looked at:
Mental Health Act responsibilities; Acute admission wards; Services for older people

Our inspection team

Our inspection team was led by:

Chair:, Professor Tim Kendall, Medical Director, Sheffield Health and Social Care NHS Foundation Trust

Team Leader: Jane Ray, Care Quality Commission

Our inspection team at North Devon District Hospital was led by a CQC inspector and included

a Mental Health Act commissioner, student nurse and senior nurse specialist with executive NHS management experience.

Background to North Devon District Hospital

The mental health services provided by Devon Partnership NHS Trust consists of two acute admission wards - Ocean View and Moorland View – which each have 16 beds. Both wards provide assessment, care and treatment for men and women with mental health needs. Also based on this site is Meadow View providing care and treatment for 14 older patients. The ward provides assessment and treatment for older people with mental health needs, such as depression, anxiety and psychosis.

Devon Partnership NHS Trust which provides Mental Health and Learning Disability services was established in 2001 and has six hospital sites across Devon and Torbay. The trust employs approximately 2,500 staff and also has 100 staff assigned from Devon County Council and Torbay Unitary Authority, including social workers and support workers. Devon Partnership NHS Trust serves a large geographical area with a population of more than 890,000 people and has an annual budget of around £130 million. The trust services fall into three areas of care:

Mental Wellbeing and Access – for people experiencing a common mental health problem for the first time who need more help than their GP can provide.

Recovery and Independent Living – for people with longer-term and more complex needs.

Urgent and Inpatient Care – for people with severe mental health difficulties, in crisis or experiencing distress and who may require a stay in hospital.

At any one time, the trust provides care for around 19,000 people in Devon and Torbay. The vast majority of these people receive care and treatment in the community. A small number may need a short spell of hospital care to support their recovery if they become very unwell and an even smaller number will have severe and enduring needs that require long-term care. Teams include psychiatrists, psychologists, specialist nurses, social workers, physiotherapists, occupational therapists and support workers.

CQC has inspected the mental health inpatient services at North Devon District Hospital once since it was registered as a location for Devon Partnership NHS Trust in 2010. The report for this inspection was published in February 2011

and reported compliance against all 16 key essential quality and safety standards. A minor area for improvement was highlighted with regard to the recording of medication given to patients. Following the inspection, the trust sent us an action plan and then updates. At this inspection, we found these systems were robust and no gaps in the recording of medicines were seen.

Why we carried out this inspection

We inspected this provider as part of our in-depth mental health inspection programme. One reason for choosing this provider is because they are a trust that has applied to Monitor to have foundation trust status. Our assessment of the quality and safety of their services will inform this process.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the hospital and asked other organisations to share what they knew about the service. We worked with Be Involved Devon and attended a meeting in North Devon on 28 January 2014 and spoke with people about their experiences of using the mental health services in their area. We carried out an announced visit to the mental health units at North Devon District Hospital on 4, 5 and 6 February 2014. During our visit we held focus groups with a range of staff, including those working in North Devon. We spoke with a range of staff at these groups, such as nurses, doctors and therapists. We talked with people who use services and staff from all areas of the location. We observed how people were being cared for and met with people who use services and their carers, who shared their views and experiences of the service.

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

The inspection team always inspects the following core functions at each inspection:

- Mental Health Act responsibilities.
- Acute admission wards.
- Services for older people.
- Community-based crisis services.

Mental Health Act responsibilities

Information about the service

The psychiatric unit consists of two acute admission wards - Ocean View and Moorland View - each of which have 15 acute beds and 1 detox bed. Both wards provide assessment, care and treatment for men and women with mental health needs. Also based on this site is Meadow View providing assessment and treatment for 14 older people with mental health needs, such as depression, anxiety and psychosis. All the wards provide support to people who may be detained under the Mental Health Act 1983.

Summary of findings

Physical health assessments had been carried out and physical health needs were addressed as part of the patient's care plan. Care plans were comprehensive and specific to the needs of the patient concerned. Patients had been involved in their development. Risk management plans were in place; however we were unable to find any specific risk plans regarding section 17 leave.

Patients were informed of their rights under the Mental Health Act 1983; however legal documents stated the name of the adjacent acute hospital as the detaining authority.

A framework for monitoring the provider's duties under the Mental Health Act 1983 was in place. Comprehensive audits were completed at hospital level. Areas for improvement were identified along with actions to remedy these.

Mental Health Act responsibilities

Are Mental Health Act responsibilities safe?

We observed the three wards that we visited were calm and felt safe during our visit. Patients told us that they feel safe and are well supported by staff.

We observed that the notice on the exit doors on all the wards does not meet the requirements of the Code of Practice as it states that informal patients have to ask a member of staff if they wish to leave. However we observed patients freely leaving the ward and we found that the use of restrictive practice is minimised, and blanket restrictions are avoided, so that people feel safe whilst having the maximum freedom possible. Rapid tranquillisation, physical restraint and seclusion are only used as a last resort and once de-escalation and other strategies have been employed. We found that all use of these interventions complies with the Mental Health Act Code of Practice and their use is recorded and monitored locally. The level of use of these interventions is low and reducing. There is a clear restrictive practice reduction strategy, which has the safety of people currently using the service as the main reason for any restrictive practice. Behaviour that challenges is effectively managed in an individualised and positive way that respects dignity and protects people's rights, especially those who lack capacity.

We looked at risk assessments for a large number of patients across the hospital. In all but two cases we found that risk assessments were generally complete and reviewed as necessary. However we found that there was no specific risk assessment completed ahead of section 17 leave. Care plans were in place and reflected the individual needs of patients including their physical healthcare needs. Patients received a physical health review on admission and ongoing physical health support is provided by medical and nursing staff at the unit.

There had been two incidents during 2013 and 2014 where patients had gone absent without leave from the hospital by escaping over a roof. Since these incidents measures to reduce risks have been put in place, for example securing furniture to the ground and changes to the monitoring of patients.

Are Mental Health Act responsibilities effective?
(for example, treatment is effective)

We found that generally practice was good in respect of consent to treatment. All of the detained patients' records examined recorded a capacity test being undertaken within the first few days of admission. Due to the planned short term nature of the wards at this hospital only two patients had reached the stage in their treatment where their consent was required and a second opinion was needed. In both cases a second opinion had been sought and the certificate of second opinion was present on the file. However there was no corresponding evidence in the patient's notes of the conversation the second opinion appointed doctor had with the consultees. There was also no evidence of the conversation the responsible clinician had with the patient regarding the outcome of the second opinion.

We reviewed the care records and legal documentation for ten patients. There was evidence on the files of discussions with patients regarding the renewal of detention. However we did find an issue regarding legal processes. Legal papers for detained patients imply that North Devon District Hospital, which is the adjacent acute hospital, is the detaining body which needs amending although documents given to the patients contain the correct information.

For one patient we found that the doctor involved in the detention process had no knowledge of the patient prior to admission. The Mental Health Act Code of Practice allows for this but requires reasons to be recorded on detention paperwork which was not evident in this case.

Are Mental Health Act responsibilities caring?

We found the service being delivered in a caring way and we observed many examples of staff treating patients with kindness, respect and dignity. Practices observed consistently reflected the principle of least restriction.

Care plans were in place for all the patients we looked at and these were updated on a regular basis and to reflect people's changing needs. Patients had copies of their care

Mental Health Act responsibilities

plans and appeared to be involved in care planning and ward rounds. Patients we spoke with said they felt able to talk to staff and we observed good patient - staff engagement. We found there were regular community meetings held across the hospital and that patients are engaged through a range of planning work.

People were given their rights in accordance with section 132 of the Mental Health Act. During this inspection we spoke with the provider of advocacy services who confirmed they have a regular presence on all wards at the hospital. We noted that while there was a notice about the right to access an advocate displayed near the entrance to the wards this was not explicit regarding arrangements for accessing independent mental health advocates (IMHA). We spoke with the unit manager who explained that information was available but that this was being updated to be clearer about arrangements.

We looked at arrangements around the use of restraint and seclusion. The seclusion suite is situated within the 'Extra Care Area' shared between both acute admission wards. This is a four-bedded unit used when a patient needs individualised care and support away from the ward area. It is staffed, when in use, by staff from the inpatient wards. The seclusion room had a large tear-resistant foam mattress and a chair of similar construction for patient comfort. There was a toilet facility attached to the room that could be used by the patient or by staff opening the adjoining door. Viewing of the seclusion room was by a large viewing window from the staff observation area. The 'Extra Care Area' is also used as the designated 'Place of Safety' for receiving people under section 136 of the Mental Health Act. Patients we met during the inspection, and people using the service who attended our listening event, did not raise any concerns with us about restraint or seclusion, nor did we receive any comments that it was being used frequently or in an inappropriate way.

Staff were trained to use restraint and understood the importance of this only being used after first trying to diffuse a situation. The use of restraint is recorded through the incident recording system and in patient records. This is rarely used in North Devon and there have been only two incidents of seclusion since April 2013. We looked at both patient records in the electronic record system and saw these had lasted just over four hours and had ended before any escalation of review was required. This demonstrated appropriate monitoring and support of patients takes place in the event of restraint and, when used, rarely of seclusion. The recording of restraint and seclusion needs to reflect guidance and be completed accurately and consistently across all the trust services to ensure that it can be monitored by the trust.

Are Mental Health Act responsibilities responsive to people's needs?
(for example, to feedback?)

Prior to this inspection we were told by patients and carers that the police station is frequently used as the place of safety to manage people in crisis. From December 2012 to November 2013 the figures of the numbers of patients held in the police custody suite and the numbers in the trusts own place of safety showed that in North Devon 28 patients used the trusts own 136 suite while 35 people went to police custody. We found that the acute admission and crisis teams in North Devon are actively working with Devon & Cornwall Police to address this issue and improve patient experiences of custody and safety.

The 'Mental Health Liaison group' meets bimonthly and there is currently a joint initiative underway in which vulnerable people are being identified and signposted to secondary services. In minutes of the meeting held in January 2014, it was recorded that a person in police custody was taken to the crisis team for assessment and was given the relevant care. This example indicates that for patients in crisis in North Devon there is an increased focus on ensuring people receive appropriate assessment and care by community teams, and a decreasing trend of using police custody suites.

In Devon the Approved Mental Health Professional (AMPH) service is arranged centrally and led by social services. Our Mental Health Act Commissioner followed up patients in North Devon detained under the Mental Health Act and saw Section 12 assessments had been carried out, which promoted patient rights.

In Devon, children's mental health services (CAMHS) are provided by Virgin Care Ltd. However the acute admission ward teams have responded quickly when a place of safety has been required for a young person in crisis. The 'extra care area' is made available for this purpose and additional staffing put in place to help manage the situation for the young person. A protocol is in place which provides

Mental Health Act responsibilities

guidance for staff should this occur. This protocol covers issues around protecting the young person/child from potential harm or abuse. Responsibilities for staffing arrangements are also outlined. However, there are factors outside of the control of the trust which exacerbate this situation. There is a lack of inpatient services for young people and children in crisis both in the Southwest and nationally. The trust is working closely with the commissioning groups and the provider of the CAMHS service to reduce the impact this can have on adult acute admission services.

Are Mental Health Act responsibilities well-led?

There is a Mental Health Act manager based in North Devon, whose role it is to ensure that the legalities of the Mental Health Act are met. There was a programme of audit in place to consider how well the Mental Health Act is being implemented at the hospital. Audits undertaken included recording of consent to treatment, information on rights, section 17 leave arrangements, discharge arrangements and use of the place of safety.

However we did find an issue regarding legal processes. Legal papers for detained patients imply that North Devon District Hospital, which is the adjacent acute hospital, is the detaining body which needs amending although documents given to the patients contain the correct information.

We also found that the discussions between the second opinion appointed doctors (SOADS) and the statutory consultees are not being routinely recorded as required by the Code of Practice.

We spoke with the manager with lead responsibility for Mental Health Act administration at the trust. She confirmed that the trust has a governance process in place for looking at the use of the Mental Health Act. Inpatient audits undertaken at hospital level are aggregated and presented at the hospital managers meeting along with information about how frequently different sections of the Mental Health Act are used. Through this meeting the hospital managers also look at any findings from CQC and other external reviews about how the Mental Health Act is operated. Any areas of concern found are referred to the trust's quality and safety group and to directorate management groups for taking forward at hospital level.

Acute admission wards

Information about the service

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Summary of findings

We found good areas of practice and many positive findings across adult inpatient services in North Devon. The adult acute admission wards Ocean View and Moorland View were safe, met patients' needs and teams demonstrated improvements had been made through learning from incidents. Patients held staff in high regard and felt them to be committed, compassionate and caring. Patients confirmed there was a recovery approach to care and support, which they found responsive to their needs, and was experienced at all stages of their hospital stay. The culture on both admission wards was inclusive and the atmosphere was calming. We found restraint, seclusion and rapid tranquilisation was rarely used because staff were skilled in de-escalation strategies.

The wards were clean and staff followed good infection control practice. The design of all the wards created some limitations regarding the line of sight, which meant there was an increased safety risk. However, this had been identified on all of the wards and was mitigated by several measures. Staff were allocated to certain areas and the positioning of patients in bedrooms was made according to known and potential risks. There were high levels of engagement with patients to monitor their mental wellbeing. The hospital environment was satisfactory and patients' privacy and dignity needs were met. Patients confirmed the accommodation was comfortable and commented it had a non-institutional feel.

There were four main areas, where improvements need to be made. These relate to the accuracy of the documentation used for Mental Health Act, responsiveness of the service, monitoring of the use of restraint and seclusion and quality of food.

Acute admission wards

Are acute admission wards safe?

Learning from incidents

Staff were aware of, and were using, the trust's system for reporting patient safety incidents. On both wards, this system was working well. We saw action taken about safety alerts and evidence of learning from incidents. For example, we followed up a serious incident CQC was notified about involving the garden area. Careful consideration had been given to ensuring physical security measures, like the fencing, are unobtrusive, were therapeutic and unrestrictive as possible. Safety concerns had been balanced with maintaining the therapeutic focus of the unit. Immediate changes had been made to securing furniture to avoid it being used to climb on and fencing was due to be moved to a different position.

Dissemination of learning from incidents was well established. A regular training event was held while we were visiting which had a standing agenda item covering key learning issues arising from such incidents. Staff shared with us examples of changes to practice as a result of learning. On Moorland View we heard that, following a medical emergency to which acute trust staff had responded, the team had set up an additional equipment trolley, which followed best practice guidance from the Resuscitation Council and acute trust medical and pharmacist teams. We were told medical staff normally brought this equipment with them when attending a medical emergency, but both wards now had fully stocked and clearly labelled equipment for such events which was checked every week.

The wards had systems in place to deal with foreseeable emergencies. All staff were trained in life support techniques. We saw training records which supported this and staff were confident in dealing with medical emergencies. We saw the emergency equipment, including a defibrillator, was easily accessible. Records demonstrated this equipment was regularly checked and in good working order.

Safeguarding

Staff knew about safeguarding adults and/or children and what to do in the event of a safeguarding concern. We looked at records, which showed the majority of staff had received safeguarding training. Safeguarding guidance was available to staff; for example, there was a documented process in place in the event of a person under 18 years of age being admitted to the ward. CQC were notified earlier in the year about a young person needing a place of safety supported by the Child and Adolescent Mental Health Services (CAMHS). The extra care area was used just by the young person until a suitable hospital bed was available. This ensured the young person was protected from potential harm or abuse. In addition to this, the trust has children`s safeguarding leads who work closely with CAMHS and the Devon Multi Agency Safeguarding Hub (MASH). This meant that the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. CQC has also received appropriate notifications from the trust about potential safeguarding issues in North Devon. This has demonstrated the teams follow the trust's policies and procedures and steps are taken to ensure patients are protected from harm and abuse.

Restrictive practices

Practices consistently reflect the principle of least restriction, including when patients are admitted to hospital.

The use of restrictive practices is minimised, coercion and blanket restrictions are avoided so that people feel safe, whilst having the maximum freedom possible. Rapid tranquilisation, physical restraint and seclusion are only used as a last resort and once de-escalation and other strategies have been employed. All use of these interventions comply with national guidelines, the MHA Code of Practice and local policies and their use is recorded and monitored. The level of use of these interventions is low and/or reducing. There is a clear restrictive practice reduction strategy, which has the safety of people currently using the service as the main reason for any restrictive practice.

Safe environment

Ocean View and Moorland View were safe and secure environments. Main risks to patient safety were known and monitored on an on-going basis. The layout of the building can present risks as it does not always allow staff to have a clear line of sight so they can observe all areas of the ward. The wards had a risk reduction strategy for this. We observed these measures were followed and a visiting relative told us "security is high, when you walk around the

ward there are staff stationed in areas discreetly watching people and they talk with them in a caring way". There were clear routes of safe entry and exit in the event of an emergency, for example, fire exits were clearly signed.

Risk management

Effective risk assessment and risk management policies and procedures were understood and followed by staff. For example, staff told us a health and safety assessment was completed when circumstances on the wards changed so risks were identified and addressed. Each ward and team collects a range of performance information to produce a local dashboard. Team managers told us this information is collated and provides a clear picture about the performance of each team. This included a risk register and safety action plans. This information is then fed back through the quality and safety committee to the board of directors.

Medication

Patients reported that immediately on admission staff checked items brought in, including medicines, which were then removed for safety. Reconciliation of patient medicines took place within nine hours of admission, which exceeded the 72 hour target set by the trust. Staff told us they wanted a 24 hour local target. The average time on Ocean View for medication to be reconciled was 9.6 hours. The staff have won an award for this and the trust plan to roll out this process.

Patients have confidence they will always have their medicines as prescribed. Medicines are mostly recorded, stored, administered, reviewed and disposed of safely. There are detailed policies, procedures and clinical guidelines, which staff access through the trust's intranet. At our listening event in Barnstaple, we heard one person had been given incorrect medication on discharge. During our visit staff said they check medicines before giving them to patients being discharged.

Medication procedures are always followed when requesting a second opinion in relation to medicines for people detained under the Mental Health Act 1983. During ward rounds we observed staff are actively monitoring the side effects of medicines with patients and take prompt action to address any side effects identified. Staff told us information about medicines and current practice is regularly updated. For example, we saw the latest update about medicines to use in the event of a patient needing rapid tranquilisation. Governance groups and a link pharmacist ensure medicines are audited, prescribed and looked after safely.

Whistleblowing

All the staff described what whistleblowing was and understood how to report it. However, few staff we spoke with knew the process included a "hotline" to the Chief Executive as part of the whistleblowing process which staff can use to report issues without having to give their names if they preferred. The Care Quality Commission was notified about a recent whistleblowing concern, demonstrating the trust took immediate action to safeguard patients and support staff.

Managing risk to the person

Patients told us they feel safe on both acute admission wards. Patients are informed about different levels of monitoring by their named or allocated nurse, which is in the information booklet in every bedroom. For example, a patient told us they wanted to harm themselves, but said "I feel very safe here" and "all of the staff are very caring, they're always checking and asking if you are ok".

There is a 72 hour assessment process, which provides a comprehensive picture of patient needs. We looked at 23 patient records on RiO. The majority of risk assessments are comprehensive and pick up important issues for each patient. For example, we looked at one patient's risk assessment after attending a handover at which their physical health was raised as a concern. We saw the risk assessment was detailed and appropriately reflected what had been discussed, covering areas of self-neglect and vulnerability to physical health problems. The provider may find it helpful to note we looked at two other patient's risk assessments on Ocean View. Both patients had been admitted by the Crisis and Recovery Home Treatment Team (CRHT) and we saw risk assessments relating to community care, which had not been updated. At handover on Moorland View we heard about a patient with a harm reduction plan in place, which meant checks for sharp objects were being carried out. Safety check records demonstrated these were completed as discussed, however the risk assessment had not been updated to include this information in the plan. We attended handover meetings on both wards during this visit and saw care plans and risk assessments were displayed for staff to see

Acute admission wards

and used to guide the team discussion. We saw information was continually updated during the handover. This system provides the trust with assurance that gaps in recording are being picked up.

Safe staffing

Staffing levels met the needs of patients. Patients consistently praise the quality of engagement and support they receive from staff. Four families visiting their relatives on the wards told us there are sufficient staff on duty. For example, a family said their relative "knows she's going to have support, which she finds reassuring".

Staff of all grades have time to carry out their duties in a caring way, which matches the needs of patients. This is also verified by our observations of interactions between patients and staff. The wards in North Devon do not have specific protected time for meeting patients; instead time is negotiated individually between the named nurse and patient. There is a three hour overlap of shifts from 1.30pm each day, which staff told us provides opportunities for patients to have one to one meetings and home visits with staff. Doctors said their workload is "manageable during the day" and protected rest periods whilst on night duty is respected. For example, a junior doctor said their rest was interrupted only once and "I forewarned about a potential interruption, which was handled appropriately".

Management staff told us they have authority to increase staffing when patient needs require, for example if the extra care area or seclusion has to be used. When there are service pressures, NHS Professionals is used for temporary staffing support. Both ward managers confirmed the same temporary staff are used, avoiding the use of agency staff. This means patients experience better consistency of care and support.

Staffing vacancies on both wards and at all levels are minimal. The final band 5 vacancy on Ocean View had been recruited to and the new nurse was saiting to start. Where recruitment had taken place we were impressed that managers took extra time to recruit suitable candidates in spite of staffing pressures to fill posts and arranged temporary staffing support whilst this was underway.

Are acute admission wards effective? (for example, treatment is effective)

Use of clinical guidance and standards

The teams on Ocean View and Moorland View are using the range of quality standards and improvement targets set by the trust that reflect NICE guidance, National Patient Safety Agency Advice, national policies and national accreditation programmes. Staff were aiming to deliver care in line with this guidance, however difficulties in accessing psychological therapies for patients meant this could not be entirely achieved in practice.

Some of the staff had additional therapeutic qualifications underpinned by clinical guidelines and standards. For example, on Ocean View a member of staff has a diploma in counselling and qualification in unrecognised grieving. Patients experiencing loss are having one to one work with this member of staff several times per week to address loss. Two other members of staff are qualified in cognitive behaviour therapy (CBT) for psychosis and solution focussed therapy skills, which are utilised in one to one sessions with patients. Both teams on the acute admission wards attend a staff supervision group fortnightly which is facilitated by a counselling psychologist, and by visiting presenters, who present on a variety of topics such as trauma or the psychology of self harm. Learning from this group is influencing practice in terms of different approaches used with patients.

The trust has a Research Development Unit that is part of the Peninsula Mental Health Research Group and benefits from learning from research projects. Minutes of the 'Mental Health Liaison Group' attended by representatives from the police and security service, show North Devon staff are using this facility to broaden their understanding and improve care of patients detained under section 136 of the Mental Health Act.

Monitoring Quality of Care

Ocean View and Moorland View has achieved the Royal College of Psychiatrists Accreditation for Inpatient Mental Health Services (AIMS). This is positive as it has highlighted areas for improvement. Staff shared the learning from these assessments, carried out in August 2013, with us. Managers verified actions listed for each ward had been carried out. For example, on Ocean View sight lines were raised as a potential risk due to the shape and design of the

ward. The team had various strategies for reducing the risk, which we saw in a written response. This included all patients whereabouts and wellbeing are checked hourly unless they require a higher level and potential risks are escalated to the nurse in charge. There is continuous risk assessment of patients and a culture within the nursing team to be present and available in communal areas of the ward. Consideration has been given to improve sightlines by the use of mirrors. However, the team felt it was more important that nursing staff are vigilant and aware of risk and are present within the patient community.

There is a rolling programme of internal routine audits, for example checking the completion of care plans. In North Devon the audits were completed well, which is achieved at all management levels. Staff knew exactly how they were performing against essential quality and safety standards, as well as performance indicators set by the trust. Where improvement is required we were told this is addressed at supervision meetings held each month.

Collaborative arrangements for assessments, care planning and access to health services

Patients undergo comprehensive assessment on admission, covering physical, mental and social wellbeing. We looked at 23 patient records on RiO, in addition to handwritten checklists. Staff said these are used to cross reference with electronic records ensuring all aspects of the patient assessment are completed. Information about a person's health is obtained from their GP. On discharge a summary of diagnosis, progress, medication and any other relevant information is shared with the GP with the consent of the individual patient.

The teams in North Devon work in partnership with other providers to facilitate alternative care and support people post discharge. For example, on Ocean View we saw arrangements being made for a patient's discharge to a local adult social care home specialising in mental health. This was done in a collaborative, way with the provider, with the stated aim for the patient to have a seamless transition from one service to another.

Suitably qualified and competent staff

Patients are cared for by suitably qualified and competent staff. The trust has a staff development strategy setting out standards for recruitment, training and development of clinical staff. For example, we spoke with new staff on the acute admission wards who had completed a comprehensive induction. We looked at training matrix's on both wards, which are printed off and displayed in the nursing office to raise awareness about dates for renewal of mandatory training. Across the North Devon site, overall there are good levels of compliance with this training. The provider may find it helpful to note that on Moorland View, we saw there is a red RAG rating against conflict resolution, restraint and fire training for a few staff. For example one staff members training in breakaway techniques had expired in June 2008. We spoke with the manager about this who said they were addressing this as part of the supervision process. Staff told us the fire training had to be re-booked because the trainer failed to attend and was taking place during our visit. Two staff told us they had obtained a place to start CBT training at the end of February 2014 and feel the skills they will gain will benefit patients. We spoke with a senior manager about access to more specialist training. Funding is available but the availability of places and distance to training venues makes this less accessible for some staff in the organisation. The staff we met, do however feel there are opportunities to develop their skills and gain further qualifications and this is promoted by the trust.

All staff receive regular supervision. This is monitored through the ward dashboard and we saw both teams are up to date with monthly supervision and annual appraisals.

Are acute admission wards caring?

Choice in decisions and participation in reviews

Patients describe high levels of involvement in the preparation of their care plan and decisions about their care. Patients said they are given a copy of their care plan and further copies each time it is updated. For example on Moorland View we heard about an initiative to broaden patient experience of ward rounds, which was underpinned by the recovery model. Patients told us they meet with their named nurse prior to ward rounds and complete a 'pre meeting form'. Patients said this was "very good and helps me to think about what I want to say and find out so I feel less stressed in the ward round". We attended a ward round with a patient and saw this information was discussed by the multi-disciplinary team before they joined the meeting. This meant the team knew how the patient was progressing and key issues they wished to discuss. This is also mirrored on Ocean View and we attended a ward round there and saw the same principles applied.

Acute admission wards

Patients were very complimentary about the teams supporting them. Their remarks about the two consultant psychiatrist's leading the teams in North Devon were that they are "very approachable" and "I can see them outside of the ward round if I need to. I just ask and he has come to see me". Our observations at the ward rounds also confirmed patient views are respected and acted upon. Families also praise the quality of care and support, with comments like "the psychiatrist is absolutely superb". At our listening event in Barnstaple, we heard mixed experiences about carer participation in ward rounds. Frustration was expressed about ward round times being changed and follow up of carer needs following assessment. We followed this up during this visit and staff told us a ward round booking system had recently been implemented. We looked at records, which showed each patient is given a timeslot and listed the names of who attends the meeting. Patients said the ward round slots worked well and they are encouraged to decide whether they would like people to attend the meeting with them. This could be their community mental health worker, social worker as well as family members. We met two families visiting their relatives who had attended the meeting that day and both said it was both a supportive and informative experience.

Information about the right to access an advocate and how they can access this service is displayed near the entrance of both wards.

Training matrices for both wards show staff are up to date with Mental Capacity Act training. We spoke with staff and they have a clear understanding about when to carry out capacity assessments and best interest meetings. There were no incidents of patients being deprived of their liberty.

Patients and carers during our visit, and people who attended the listening event in Barnstaple, told us the trust and local teams listen and act on their views. For example, we heard many positive examples of improvements made as a result of these actions.

Effective communication with staff

Nearly all the patients we spoke with during the inspection, and at the listening event in Barnstaple, spoke very positively about the caring and compassionate approach of staff. Our observations throughout the inspection were of very positive interactions between staff and patients.

People receive the support they need

We spoke with 23 patients and staff were described as being helpful, friendly and supportive. We followed the experiences of a patient who told us they were anxious when left alone. The patient's care plan also highlighted this and their need for support from staff. We saw staff stayed in close proximity to a patient and interacted in a positive way, which helped the person to feel calmer. Another patient said they had been concerned about the welfare of their pet and couldn't praise staff enough for their help in arranging temporary fostering arrangements through the 'North Devon Animal Ambulance' charity. This meant patient's received timely and appropriate support when they needed it.

At the listening event a carer said "The way they supported my partner was above and beyond what they should do". We found staff were very caring and showed this in many ways. For example, one member of staff commented "I think caring is about the attention to the little things that show a caring attitude not just how we embed a recovery model in the care we deliver. For example, every patient gets a birthday cake and staff will sing happy birthday to them".

Recovery services

We met 11 people who use services at our listening event in Barnstaple. The group said the trust is "very recovery orientated" and staff "always try to get you to think positively". We heard positive stories about people's recovery. For example, one person described educational resources they had been signposted to and found helpful. They told us "I feel more normal and balanced because of the support I've had and been helped to learn more about my bipolar illness and how to stay well".

Patients, who need individual support with their recovery, are assigned a care co-ordinator from the Recovery and Independent Living teams (RIL). We attended two ward rounds during our visit and saw there was good communication between the multi-disciplinary teams. Discharge planning is discussed with patients from the point of admission. Information booklets are in each bedroom and also highlights this approach. During our visit, a patient told us they wanted to go shopping and their care co-ordinator was coming to take them out. The care

co-ordinator arrived and we saw they spoke with staff about the patient's current mental wellbeing before taking them out for the shopping trip. The patient returned and told us they had "really enjoyed going out".

Privacy and dignity

Patients' privacy and dignity was well met on the acute admission wards. Staff knock on bedroom doors and wait until being invited into the room before entering. A number of interview rooms are available on both wards. We saw these are used for one to one meetings and ward rounds, so patients are able to discuss their feelings and concerns in private.

Ocean View and Moorland view has gender designated areas of the ward. We saw this is used flexibly in line with individual risk assessments according to the numbers and gender of people using the services. Records show the number of incidents of violence and aggression in North Devon are kept to a minimum. Over the course of the inspection, we saw many examples of staff engaging with patients in a positive way and the atmosphere on both wards was calm. We spoke with the police officer based on site, who told us the teams worked well with them and they had only been required to intervene "twice in six years" to an incident on the wards. An excellent example we saw with regard to crime prevention and promotion of the therapeutic environment was that the police officer visits the wards 3-4 times a week to speak with patients and staff about these issues.

Staff demonstrated they maintain patient confidentiality. The trust uses a computerised patient record system (RiO), restricting access to only authorised staff. For example, we spoke with new staff who confirmed their induction included training about information governance. Staff used smart cards and had individual passwords to enter the records system. The provider may find it helpful to note, information about patient legal status and leave arrangements is displayed on notice boards in the nursing office on both wards. Whilst access to these offices is limited, we saw different patients entering the offices asking to use the telephone. This meant they could have seen the confidential information on the boards. Maintenance of confidential information could be further improved for patients, so only authorised staff access this information when they need to.

Use of restraint and seclusion

A specialist advisor looked at arrangements around the use of restraint and seclusion. The seclusion suite is situated within the 'Extra Care Area' shared between both acute admission wards. This is a four-bedded unit used when a patient needs individualised care and support away from the ward area. It is staffed, when in use, by staff from the three wards. The Place of Safety is also located in this Extra Care area. The seclusion room had a large tear-resistant foam mattress and a chair of similar construction for patient comfort. There was a toilet facility attached to the room that could be used by the patient or by staff opening the adjoining door. Viewing of the seclusion room was by a large viewing window from the staff observation area. Patients we met during the inspection, and people using the service who attended our listening event, did not raise any concerns with us about restraint or seclusion, nor did we receive any comments that it was being used frequently or in an inappropriate way.

Staff are trained to use restraint and understood the importance of this only being used after first trying to diffuse a situation. The use of restraint is recorded through the incident recording system and in patient records. This is rarely used in North Devon and there have been only two incidents of seclusion since April 2013. We looked at both patient records in RiO and saw these had lasted just over four hours and had ended before any escalation of review was required. We saw these records were contemporaneous and observations monitoring the welfare of the patient documented at agreed timescales. This demonstrated appropriate monitoring and support of patient's takes place in the event of restraint and, when used, rarely of seclusion.

Are acute admission wards responsive to people's needs?

(for example, to feedback?)

Services meeting the needs of the local community

Prior to the inspection we asked people using the services to tell us about their experiences and analysed the complaints received by the trust. This raised concerns about the responsiveness to services to meet people's needs, especially in terms of people using the acute services in certain parts of the county and those who have been referred for psychological therapies.

Acute admission wards

From December 2012 to November 2013 the figures of the numbers of patients held in the police custody suite and the numbers in the trusts own place of safety showed that in North Devon 28 patients used the trusts own 136 suite and 35 went to police custody. The acute admission and crisis teams in North Devon actively work with Devon & Cornwall Police to address issues arising and improve patient experiences of custody and safety. The 'Mental Health Liaison group' meets bimonthly and there is currently a joint initiative underway in which vulnerable people are being identified and signposted to secondary services. In minutes of the meeting held on 29 January 2014, it was recorded that a person in police custody was taken to the CRHT for assessment and was given the relevant care. This example indicates that for patients in crisis in North Devon there is an increased focus on ensuring people receive appropriate assessment and care by community teams, and a decreasing trend of using police custody suites.

In Devon the Approved Mental Health Professional (AMPH) service is arranged centrally and led by social services. Our Mental Health Act Commissioner followed up patients in North Devon detained under the Mental Health Act and saw Section 12 assessments had been carried out, which promoted patient rights.

The trust has an average bed occupancy of 92% and despite the implementation of a bed manager and a daily conference call to discuss bed availability accessing a bed for the transfer of an acute admission can be difficult taking up valuable nursing time and for many patients involves being moved within Devon. For example, the week prior to our visit we heard a third of beds on both wards were taken by patients from the Exeter and Torbay areas. Statistics showed beds were well managed in North Devon. In the last six months there have been 222 acute adult admissions – the most in the trust and yet only 2.25% of patients have had to go to other parts of Devon.

Prior to our inspection we heard from people who use the services about their frustrations about the waits they were experiencing to access specialist psychological therapies. People told us waiting times could be "anything from 9 months to years" in some cases. Information provided by the trust shows the number of people waiting for level 3 and 4 psychological therapies is over 100 people in North Devon. Some people remarked about the impact of not being able to access therapy quickly. For example, a patient and their carer on Moorland View described the challenges of getting this support in the community. Both felt that if treatment had been started earlier, it would not have led to such a rapid deterioration in mental health and subsequent admission to hospital.

New people in a priority group referred to the psychological services now have to be seen within a target period of 18 weeks set by the commissioners. People at our listening event in Barnstaple, spoke positively about the Depression and Anxiety Service and we heard that "more people are using this service with severe and enduring mental illness. People commented that "publicity of talking therapies has increased demand" and that once accepted for treatment their experiences were positive with "A lot more people have had psychological assessments and been signposted to other services".

We were also told through engagement events and speaking to staff about services that are not commissioned and provided in Devon and so people who need these services have to go outside the county. We saw a patient being repatriated to North Devon who had been in a psychiatric intensive care unit out of county. The patient said they were pleased to return to North Devon, felt safe and welcomed by staff.

Providers working together through a period of change

Throughout the inspection we found many examples of the teams in North Devon working with other providers. CAMHS is provided by Virgin Care Ltd and the acute admission ward teams have responded quickly when a place of safety has been required for a young person in crisis. The 'extra care area' is made available for this purpose and additional staffing put in place to help manage the situation for the young person. A protocol is in place which provides guidance for staff should the need to admit a person under 18 years occurs. This protocol covers issues around protecting the young person/child from potential harm or abuse. Responsibilities for staffing arrangements are also outlined. However, there are factors outside of the control of the trust which exacerbate this situation. There is a lack of inpatient services for young people and children in crisis both in the Southwest and nationally. The trust is working closely with the commissioning groups and the provider of the CAMHS service to reduce the impact this can have on adult acute admission services.

Acute admission wards

Learning from complaints

The trust has a complaints procedure, which is outlined in the information pack for patients in every bedroom. Information provided by the trust showed there had been 18 complaints for Adult Services in North Devon. Senior staff responsible for management of complaints are clear about the trust standard to provide an initial written response within 72 hours of receipt and to agree a timescale for response with individuals. We looked at an example of a letter sent in conclusion of a complaint investigation about waiting times for psychological treatment and out of hours access to the CRHT. The letter was clear, acknowledged the issues raised and demonstrated that a meeting was held with the individual concerned so their experiences were heard. This is good practice. However, the provider may find it helpful to note it was unclear in the response why the written response took so long to be sent to the recipient. Additionally, it was unclear whether there had been any further communication with the individual to agree the timescale or any agreed extension to that. This meant the outcome letter was sent nearly three months after receipt of the complaint.

Patients are confident in making complaints, safe in the knowledge their views are listened to and acted upon. For example, the main issue patients raised with us during the inspection was about the poor quality and quantity of food. Patients' feedback from comment cards included 'The menu is terrible and failing in quality and also portion size. Nutrition is important to our recovery' and 'Food could be better' and "The food is vile" and "It changed about three weeks ago. We do not get enough food so we order takeaways". We observed lunch being served on Ocean View on 5 February 2014 and staff responded appropriately to patient complaints about the quality and quantity of meals being served. For example, the ward manager tasted the meal in front of patients, demonstrating acknowledgement of and valuing patient views. Snack boxes of sandwiches were immediately arranged and served later for all of the patients. We spoke with the Senior Nurse Manager for the unit about these issues and heard there is a service level agreement with the Acute Trust to provide meals for patients on the psychiatric unit. This is fulfilled by a contractor employed by the Acute Trust and meetings had been held to discuss these concerns to improve the service. Staff at ward level told us they were reporting issues daily to the the Acute Trust and external contractor responsible for providing the food. This provided assurance that patient concerns were being dealt with. However, we spoke with the interim Director of Nursing about the high number of complaints received about the quality and quantity of food, which they were not yet aware of. They told us they would also follow this up with the Acute Trust and provide additional support to the teams in North Devon.

Are acute admission wards well-led?

Governance arrangements

All of the staff we met during our visit emphasised the trust goal to provide a service "good enough for my family" that are "safe, timely, personalized, recovery-focused and sustainable". Staff were proud of their achievements and we saw many examples of higher aspirations than standards set by the trust such as the timescales for the reconciliation of medication when a patient is admitted.

Teams were managed in an open and transparent way. Staff understood their roles and responsibilities and demonstrated appropriate accountability in the way they supported and treated patients in their care. For example, staff understood the importance of maintaining clearly written, detailed and accurate patient records. Ward managers showed us examples of audits they carry out monthly against a randomly selected sample of ten patient RiO records. We heard that any issues arising from these audits are addressed in supervision with staff. Similarly, some staff needed to update core skills as their last updates had expired. Ward managers had displayed training lists for the whole team, which was risk rated and staff had to check when core skills training updates were required. Ward managers told us this would be followed up in supervision with individuals and staff themselves also confirmed this happened.

We met a senior nurse manager who confirmed the governance described by the ward managers, in that there are robust systems in place to assure care quality. The audit processes are routine and clearly adhered to and acted upon. Additionally, results are benchmarked across the trust so teams can monitor their performance as a whole. All three wards at North Devon are in the top tier of performance. For example, we discussed the quality of patient records and validating entries in RIO, as we had heard concerns from some staff about a management

emphasis on "ticking boxes". The senior nurse manager said "validating is the equivalent of recording entries and signing them in time. If the entries were in written form on a patients file, you would expect it to be signed and inserted in the right sequence in the file". This also demonstrated the professionalism of the application of the auditing processes.

There are clear lines of reporting within the adult directorate, which is clearly monitored through quality and safety processes. For example, one of these processes includes managerial "walkabouts" which aims to increase engagement with patients and staff. Whilst the executive team has oversight through the reporting systems, we did not see any evidence of the executive team visiting the North Devon site to meet with staff and patients on a routine basis.

Engagement with people who use services

At our listening event in Barnstaple, people told us about the trust's patient and public engagement strategy. People said the trust is "listening more" and "Improving services all the time". We heard about the network action groups operating across Devon, which people described as having an important role in the improvement of services. For example, we heard from one person about their experience of being part of an interview panel seeing prospective staff for the acute admission wards. Another person said they had been involved in the induction of new staff. These examples and patient experiences shared with us during our visit confirmed there is a good level of engagement with people using the services.

Engagement with staff:

Staff morale was very high in North Devon. Staff said they felt valued and "encouraged to do the best" for patients.

Another member of staff told us "DPT is great at setting standards high", which they saw as being positive for both patients and staff. Listening in Action has been introduced at the trust and staff on the wards who had been involved in this initiative spoke positively of the experience.

Supporting staff with change and challenges

The changes and challenges staff faced in North Devon related to the embedding of different systems resulting from the redesign of urgent inpatient and crisis services. Staff said they received good levels of support through these changes. We heard about challenges and how these were addressed. One member of staff said "there was an issue when there was a loss of care co-ordinators. We pulled resources from other teams; senior staff took on workloads to free some staff capacity and quickly got the service on track."

Opportunities to give regular feedback and take part in pilots were evident. Care and welfare meetings, access to counselling services and de-briefing after serious incidents were embedded measures supporting staff. The majority of staff told us they felt very well supported.

Effective leadership

There was strong leadership across the acute admission service in North Devon. All the wards at North Devon are in the top tier of performance. Staff within the teams on Moorland View and Ocean view were positive about the skills and experience of the senior nurse manager and ward managers. For example, one staff said "the staff here are really committed and senior staff so knowledgeable and supportive". We concluded that the management arrangements are solid and facilitated continuous improvement of the service.

Services for older people

Information about the service

Meadow View was opened in October 2011 following a £1.5 million refurbishment programme. The ward provides assessment and treatment for 14 older people with mental health needs, such as depression, anxiety and psychosis.

CQC had not inspected this service since it was opened and had no concerning information about the quality of care and treatment provided there.

Summary of findings

Meadow View provided a high standard of care to people using the service. It was a safe and secure place for patients to stay, where staff cared for them in the least restrictive way. Recruitment ensured there were enough members of staff to care for patients safely. Patients told us that they felt safe and well cared for. Carers were full of praise about the progress their relatives were making. Where patients did not have mental capacity, appropriate steps were taken to promote their rights through best interest and involvement of carers.

Patients had thorough assessments, which considered appropriate risks and health issues related to the ageing process. Patients were involved in discussions about treatment options available and alternatives to inpatient care, such as adult social care providers in the community. A personalised approach to management of risks and care planning was consistently followed for patients. Good quality information was given to carers and individuals throughout their stay on the unit. Collaborative working across all sectors and services was evident to ensure patients had the right support and experienced seamless care.

The team on Meadow View was well-led, with strong leadership which promoted best practice. Staff worked well together as a multi-disciplinary team. There was an open culture on the ward and staff were confident in raising concerns. Morale was high across all staffing levels. The governance of the hospital was closely monitored at both local and trustwide levels by senior managers. Staff were empowered to make decisions and knew how to make changes or get problems solved.

Services for older people

Are services for older people safe?

Learning from incidents

Staff were aware of, and were using, the trust's system for reporting patient safety incidents. On Meadow View, this system was working well. We saw action taken about safety alerts and evidence of learning from incidents. For example, a serious incident had occurred a few months before our visit in which a patient had attempted to harm themselves using a plastic bag. As part of the regular checks of patients, additional checks were made twice a day for items like this to reduce the risk of a repeat of this incident again. The ward did not have a blanket ban on plastic bags but the team chose to take a measured approach risk assessing each individual patient. Some items are discouraged on the ward, which could be used for self harm. This information is listed in the patient information booklet in each bedroom.

Dissemination of learning from incidents was well established. A regular training event was held whilst we were visiting which had a standing agenda item covering key learning issues arising from such incidents. Staff shared with us examples of changes to practice as a result of learning. We had heard that there had been some incidents of not recording why medicines had not been administered. This was reported as an incident to the quality and safety team. Awareness in the team was raised about ensuring medicines were recorded as having been administered as prescribed or refused by patients.

The wards had systems in place to deal with foreseeable emergencies. All staff were trained in life support techniques. We saw training records which supported this and staff were confident in dealing with medical emergencies. We saw the emergency equipment, including a defibrillator, was easily accessible. Records demonstrated this equipment was regularly checked and in good working order.

Safeguarding

Staff knew about safeguarding adults and/or children and what to do in the event of a safeguarding concern. We looked at records, which showed the majority of staff had received safeguarding training. A number of staff were new to the trust and had completed this as part of the induction. Safeguarding guidance was available to staff. The manager told us about a safeguarding alert made by the team about suspected abuse of a patient who lacked mental capacity by a family member. Staff were working closely in conjunction with the social services safeguarding team and following an agreed plan and risk assessment. This demonstrated that the team follow the trust's policies and procedures and steps are taken to ensure patients are protected from harm and abuse.

Restrictive practices

Practices consistently reflect the principle of using the least restrictive approach, including when patients are admitted to hospital. Staff demonstrated they understood the principles of the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS). We saw that patients had freedom on the ward. The ward manager confirmed that none of the patients had an authorised DoLS in place at the point of our visit.

The use of restrictive practices is minimised, coercion and blanket restrictions are avoided so that people feel safe whilst having the maximum freedom possible. Rapid tranquillisation, physical restraint and seclusion are only used as a last resort and once de-escalation strategies have been employed. There had been no incidents of this in the last six months. All use of these interventions comply with national guidelines, the Mental Health Act Code of Practice and local policies and their use is recorded and monitored; the level of use of these interventions is low and/or reducing. There is a clear restrictive practice reduction strategy, which has the safety of patients currently using the service as the main reason for any restrictive practice.

Behaviour that challenges

Behaviour that challenges is effectively managed in an individualised and positive way that respects dignity and protects people's rights, especially those who lack capacity. For example, we saw a patient with cognitive impairment chose to spend most of the day sat in one position. Staff respected this patient's choice, but we saw they gently encouraged them to change this position by engaging them in conversation. This meant the patient had freedom to choose where to spend their time, whilst at the same time ensured their need of nutrition, fluids and company was maintained.

Safe environment

Meadow View is a safe and secure environment. Main risks to patient safety were known and monitored on an on-going basis. The layout of the building can present risks as it does not always allow staff to have a clear line of sight

so they can observe all areas of the ward. The ward had a risk reduction strategy for this. We observed these measures were followed. There were clear routes of safe entry and exit in the event of an emergency, for example, fire exits were clearly signed.

Risk management

Effective risk assessment and risk management policies and procedures were understood and followed by staff. Each ward and team collects a range of performance information to produce a local dashboard. Team managers told us this information is collated and provides a clear picture about the performance of each team. This included a risk register and safety action plans. This information is then fed back through the quality and safety committee to the board of directors.

Medication

Patients reported that immediately on admission staff checked items brought in, including medicines which were then removed for safety.

Patients have confidence that they will always have their medicines as prescribed. Medicines are recorded, stored, administered, reviewed and disposed of safely. There are detailed policies, procedures and clinical guidelines, which staff access through the trust's intranet.

Medication procedures are always followed when requesting a second opinion in relation to medicines for people detained under the Mental Health Act 1983. During ward rounds we observed staff are actively monitoring the side effects of medicines with patients and take prompt action to address any side effects identified. Staff told us information about medicines and current practice is regularly updated. Governance groups and a link pharmacist ensure medicines are audited, prescribed and looked after safely.

Whistleblowing

All the staff described what whistleblowing is and understood how to report it. However, few staff we spoke with knew the process included a "hotline" to the Chief Executive as part of the whistle-blowing process where staff can use this to report issues without having to give their names if they preferred. Good levels of supervision and support are provided by the ward manager.

Managing risk to the person

Patients told us they feel safe on the ward. Patients are informed about different levels of monitoring by their named or allocated nurse, which is in the information booklet in every bedroom.

There is a 72 hour assessment process, which provides a comprehensive picture of patient needs. We looked at six out of twelve risk assessments on Meadow View. These were comprehensive and picked up important issues for each patient. For example, in one patient's records we saw an assessment covering the risk of falls. It showed staff had appropriately considered issues such as medication and other physical health needs, which could put the patient at risk of falls. There was a clear falls reduction plan in place for this person. We attended a handover meeting on the ward and saw care plans and risk assessments were displayed for staff to see and used to guide the team discussion. We saw information was continually updated during the handover. This system provides the trust with assurance that gaps in recording are being picked up.

Safe staffing

Staffing levels met the needs of patients. Patients consistently praise the quality of engagement and support they receive from staff. For example, one patient said "This ward is very good, the staff are lovely and I feel safe here". A member of staff told us "I always feel safe – all of the staff are very supportive".

Staff of all grades have time to carry out their duties in a caring way, which matches the needs of patients. This was also verified by our observations of interactions between patients and staff. The wards in North Devon do not have specific protected time for meeting patients; instead time is negotiated individually between the named nurse and patient. There is a three hour overlap of shifts from 1.30pm each day, which staff told us provides opportunities for patients to have one to one meetings and home visits with staff. Doctors said their workload is "manageable during the day" and protected rest periods whilst on night duty is respected.

Management staff told us they have authority to increase staffing when patient needs require, for example if the extra care area or seclusion has to be used. When there are service pressures, NHS Professionals is used for temporary

staffing support. The ward manager confirmed the same temporary staff are used, avoiding the use of agency staff. This means patients experience better consistency of care and support.

Meadow View has had a very difficult year when staffing levels were very low. Staff told us the trust was prepared to temporarily close the ward during this period if the team felt patient safety was being compromised. The team felt well supported because of this approach, but didn't reach a point where the ward needed to be closed. Instead, beds were reduced to a safe level and three full time agency staff were used on long term contracts to provide sufficient nurse experience while new staff were recruited. During our visit, we found the majority of vacancies had been filled and the team was nearly up to establishment.

Are services for older people effective?
(for example, treatment is effective)

Use of clinical guidance and standards

The team on Meadow View are using the range of quality standards and improvement targets set by the trust that reflect NICE guidance, National Patient Safety Agency Advice, national policies and national accreditation programmes.

The care for patients using the older people's mental health services is very well defined. We spoke with a junior doctor who told us "The NICE guidance is followed to the letter" and each patients care follows a clear series of steps to ensure their needs are met.

The trust has a Research Development unit that is part of the Peninsula Mental Health research Group and benefits from learning from research projects. We heard that medical staff attended "weekly training every Tuesday", which covers research based topics to develop individual practice so patients experience good care and treatment outcomes.

Monitoring Quality of Care

There is a rolling programme of internal routine audits, for example checking the completion of care plans. In North Devon the audits were completed well, which is achieved at all management levels. Staff knew exactly how they were performing against essential quality and safety standards, as well as performance indicators set by the trust. Any issues are discussed with individuals during supervision sessions and followed up.

On Meadow View the effectiveness of the falls risk strategy is monitored through this process. The team dashboard has a key indicator about falls assessment and falls risk management. The trust has set the benchmark very high, which means the RiO system raises the level of team risk to red/high as soon as one fall is reported. The manager explained they then look at the contextual issues of a patient's fall. For example, they look at the patient history to see if there have been any previous falls, physical health and medications which may present increased risk for the patient and also where and when the fall took place. The manager said "the risk department will also assist us by analysing data for our ward highlighting potential themes and risks, which helps us improve patient safety".

All of the staff are proud of the service and effectiveness of the care and treatment delivered. For example, when asked if they would be happy for a member of their family to be admitted to the wards one staff said "Yes I would, particularly the care provided".

Collaborative arrangements for assessments, care planning and access to health services

Patients undergo comprehensive assessments on admission, covering physical, mental and social wellbeing. On Meadow View we looked at seven patient records on RiO, in addition to handwritten checklists. All of the patients had comprehensive assessments completed within 72 hours. Information about a person's health is obtained from their GP. On discharge a summary of diagnosis, progress, medication and any other relevant information is shared with the GP with the consent of the individual patient.

The teams in North Devon work in partnership with other providers to facilitate alternative care and support post discharge arrangements. For example, on Meadow View we saw arrangements being made for a patient's discharge to a local adult social care home. The patient did not have mental capacity to make this decision so a best interest meeting was held with their carer. We heard there had been some delays in obtaining section 117 aftercare funding and also the right placement. From our discussions, we saw the team had strongly advocated the needs of the patient and

their carer and made appropriate challenges. This was done in a collaborative way with the local authority ensuring the patient moved on to an appropriate service, which also met the needs of their carer.

Suitably qualified and competent staff

Patients are cared for by suitably qualified and competent staff. The trust has a staff development strategy setting out standards for recruitment, training and development of clinical staff. We looked at training matrix on the ward, which was printed off and displayed in the nursing office to raise awareness about dates for renewal of mandatory training. Across the North Devon site, overall there is good levels of compliance with this training. We spoke with a senior manager about access to more specialist training. Funding is available for training, which staff have accessed. For example a member of staff told us they were being supported by the trust to train to become qualified nurses.

All staff receive regular supervision. This is monitored through the ward dashboard and we saw both teams are up to date with monthly supervisions and annual appraisals.

Are services for older people caring?

Choice in decisions and participation in reviews

Community meetings are held every two weeks, which patients find positive and their views are listened to and acted upon. Patients described high levels of involvement in their day to day living and the preparation of their care plan and decisions about their care. Patients said they are given a copy of their care plan and further copies each time it is updated. For example, we saw a patient who chose to spend their day sitting in their room. Staff respected the choice of the patient to do this, but at the same time gently encouraged the person to get involved in other activities on the ward. The patient told us "I sometimes take part in OT groups but don't bring much to it. I spend time in my room or staff take me for walks so I can get some fresh air". Staff told us this was to increase levels of socialisation which in turn would have a positive impact on a patient's mental wellbeing.

The training matrix for Meadow View shows staff are up to date with Mental Capacity Act training. We spoke with staff and they have a clear understanding about when to carry out capacity assessments and best interest meetings. No patients were being deprived their liberty.

Effective communication with staff

All the patients we spoke with during the inspection were very positively about the caring and compassionate approach of staff. For example, in a comment card a patient wrote 'the staff are caring and always treat with care and listen to all my needs. I cannot complain about any of my treatment. The staff always make you feel safe and secure'. Our observations also confirmed this.

People receive the support they need

We spoke with seven out of 12 patients on Meadow View. Staff were described as being helpful, friendly and supportive. In comment cards, one patient wrote 'the service is very good. The staff treat me with dignity and respect. There is always someone you can talk with if you need to."

The diverse needs of patients were recognised by the team. We met the hospital chaplain during our visit who provides pastoral support to patients on all three wards. A communion service was held, which patients attending enjoyed. The hospital has a faith room, which patients can access themselves or accompanied by staff for quiet reflection.

Recovery services

We met 11 people who use adult and older people's mental health services at our listening event in Barnstaple. The group said the trust is "very recovery orientated" and staff "always try to get you to think positively". Two occupational therapists had started a recovery workshops and health eating group across all three wards, including Meadow View.

We followed the recovery experiences of a patient with anxiety and saw that a comprehensive home assessment was carried out by an occupational therapist. We spoke with the occupational therapist about the assessment and interventions taken as a result of the findings. Staff had recognised this patient had some memory concerns and so the assessment covered activities such as cooking and walking into the local town centre to ensure the person could do these safely. The patient's care plan also highlighted this and their need for support from staff. Additional social care support had been arranged for the patient to promote their independence on returning home. This meant patient's received timely and appropriate support when they needed it.

Services for older people

Privacy and dignity

Patients' privacy and dignity was well met on Meadow View. Staff knock on bedroom doors and wait until being invited into the room before entering. A number of interview rooms are available on the ward. We saw these were used for one to one meetings and ward rounds, so patients were able to discuss their feelings and concerns in private.

Meadow View has gender designated areas of the ward. We saw this is used flexibly in line with individual risk assessments according to the numbers and gender of people using the services. For example, the ward manager spoke about potential risks to a patient which had influenced which bedroom had been allocated for the person to use during their stay. This meant patient privacy, dignity and safety was maintained.

Staff demonstrated they maintain patient confidentiality. The trust uses a computerized patient record system (RiO), restricting access to only authorised staff. For example, we spoke with new staff who confirmed their induction included training about information governance. Staff used smart cards and had individual passwords to enter the records system.

Use of restraint and seclusion

Patients we met during the inspection and people using the service who attended our listening event did not raise any concerns with us about restraint or seclusion, nor did we receive any comments that it was being used frequently or in an inappropriate way.

Staff are trained to use restraint and understood the importance of this only being used after first trying to diffuse a situation. The use of restraint is recorded through the incident recording system and in patient records. This is rarely used in North Devon and there had been no incidents of seclusion on Meadow View.

Are services for older people responsive to people's needs?

(for example, to feedback?)

Services meeting the needs of the local community

Prior to the inspection we asked people using the services to tell us about their experiences and analysed the complaints received by the trust. This raised concerns about the responsiveness of services to meet people's needs, especially in terms of older people with dementia needing a hospital admission. We heard that since the re-organisation of the older people's mental health inpatient services, the nearest unit specialising in dementia care is based at Franklyn Hospital, near Exeter. Carers reported they had to travel a long distance to stay in contact, which had an impact on the frequency of visits and they felt the wellbeing of their relatives. The trust explained that the decision to develop this service took place after an extended period of consultation and facilitates specialist care for people with those needs.

Statistics showed beds were well managed in North Devon. In the last six months there have been 222 acute adult admissions – the most in the trust and yet only 2.25% of patients have had to go to other parts of Devon. The trust has an average bed occupancy of 92% and despite the implementation of a bed manager, and a daily conference call to discuss bed availability, accessing a bed for the transfer of patients can be difficult taking up valuable nursing time. For many patients this involves being moved within Devon. For example, during our inspection we followed the experiences of two patients detained on Meadow View who had moved hospitals several times before being repatriated back to a bed in North Devon. For one patient repatriation happened quickly and we observed the smooth and safe transfer of the person when they arrived back at Meadow View. We spoke with ambulance staff about the transfer arrangements and heard that risk information was shared with them prior to the move, from which they then produced a transport risk assessment. We saw a good handover take place and the patient welcomed by staff onto the ward.

An additional constraint to older people's mental health services we heard was with regard to changing services within the Adult Social Care sector. For example, the community team supporting Meadow View expressed frustrations about the impact of the proposed day care provision closure on patients and their carers and changing healthcare provision. One member of staff told us about three patients' experiences. We heard all three patients had to be re-admitted within two months of discharge because of insufficient alternatives to inpatient care in the local community. Another member of staff said "We're trying to be as creative as possible" to support people and facilitate recovery "but this is becoming much more difficult and families are getting distressed". In other inpatient services and community areas, the trust is working creatively with

third sector providers to provide alternatives to inpatient care. Further collaborative work with third sector providers is needed in North Devon, to facilitate sustained recovery for older people and avoid multiple admissions to hospital.

Access to psychological therapy was also raised with us. At the time of our inspection, the older people's mental health services did not have a psychologist in post. However, we spoke with a senior manager and heard that funding had just been agreed and recruitment was now underway for a qualified psychologist at band 7. It was felt this would greatly enhance and support the team by improving access to psychological therapies for people using the service.

Providers working together through a period of change

Throughout the inspection we found many examples of the teams in North Devon working with other providers. A key relationship for the Meadow View team is that with the Crisis Team and two community mental health teams covering Tawside and Torridge districts. During our inspection we visited the Crisis and Tawside Older Peoples team. We heard about good working relationships between all these teams from staff and especially patients on Meadow View. For example, we spoke with a patient who had been supported by all these teams. They told us their experiences were "very good" and once discharged "feels confident in the care from the community team".

There were good working relationships between mental health ward teams situated at North Devon District Hospital. For example, we heard about how staff support each other during emergencies or when there are staffing constraints due to sickness or annual leave.

In seven out of 12 patient records on RiO, we saw examples of shared assessments and other information from adult social care services and community teams supporting the person. We looked at ward rounds and saw there was good involvement of other providers where appropriate. For example, other agencies and teams supporting the individual are invited to attend ward rounds, wherever possible with the agreement of the patient if they have mental capacity to do so and their carer where appropriate. This meant discharge was well co-ordinated and appropriate information handed over to facilitate a good experience for the patient.

Learning from complaints

The trust has a complaints procedure, which is outlined in the information pack for patients in every bedroom. Patients are confident in making complaints, safe in the knowledge their views are listened to and acted upon. For example, as with the other acute admission wards a few patients on Meadow View raised the issue of poor quality of food. Staff told us patients were generally happy with portion sizes because they tended to have a small appetite, although one member of staff reported patients having "Just one roast potato on Sunday". The team on Meadow View were aware of the positive action taken by other ward managers and the Senior nurse manager to facilitate improvements to food being supplied to the hospital.

Patients are highly appreciative of the care they receive and praised the staff and service. For example, in the comment cards a patient wrote 'I have been treated with the utmost respect. The cleaning and bedding is changed regularly. My physical health needs have been met appropriately'.

Are services for older people well-led?

Governance arrangements

All of the staff we met during our visit emphasised the trust goal to provide a service "good enough for my family" that are "safe, timely, personalized, recovery-focused and sustainable". Staff were proud of their achievements and we saw many examples of higher aspirations than standards set by the trust. For example, healthy eating groups were held enabling patients to learn about the link between mental wellbeing and eating healthily. An occupational therapist on Meadow View told us they were "quite proud of my recovery board, I wanted people to think about their own recovery".

The team at Meadow View is managed in an open and transparent way. Staff understood their roles and responsibilities and demonstrated appropriate accountability in the way they supported and treated patients in their care. For example, we heard that preceptorship arrangements for newly qualified staff were supportive and facilitated good staff development.

We met a senior nurse manager who confirmed the governance described by the ward managers, in that there are robust systems in place to assure care quality. The audit processes are routine and clearly adhered to and are

acted upon. Additionally, results are benchmarked across the trust so teams can monitor their performance as a whole. All three wards at North Devon are in the top tier of performance.

There are clear lines of reporting within the older peoples mental health directorate, which is clearly monitored through quality and safety processes. For example, one of these processes includes managerial "walkabouts" which aims to increase engagement with patients and staff. Whilst the executive team has oversight through the reporting systems, we did not see any evidence of the executive team visiting the North Devon site to meet with staff and patients on a routine basis.

Engagement with people who use services

Community meetings were held every two weeks with patients on Meadow View. The ward manager told us the team actively seek feedback from carers about their relatives care and treatment. This we were told is mostly verbal and "we get a lot of positive feedback from carers and try to support them – inviting them to come to ward rounds". Carer involvement was seen as "very important in patient recovery".

Engagement with staff:

Staff morale was very high in North Devon. For example, a member of staff told us "I feel very valued on this ward and very much part of the team". Listening in Action has been introduced at the trust and staff on the wards who had been involved in this initiative spoke positively of the experience.

Supporting staff with change and challenges

The changes and challenges staff faced in North Devon related to the embedding of different systems resulting from the redesign of urgent inpatient and crisis services. Staff said they received good levels of support through these changes. We heard about challenges and how these were addressed. One member of staff said "there was an issue when there was a loss of care co-ordinators. We pulled resources from other teams; senior staff took on workloads to free some staff capacity and quickly got the service on track."

Opportunities to give regular feedback and take part in pilots were evident. Care and welfare meetings, access to counselling services and de-briefing after serious incidents were embedded measures supporting staff. The majority of staff told us they felt very well supported.

Effective leadership

There was strong leadership across the acute admission service in North Devon. All the wards at North Devon are in the top tier of performance.

Staff on Meadow View were positive about the skills and experience of the senior nurse manager and ward manager. For example, one staff said "I always feel very supported by my manager. She is very approachable and will always try to help you. There will be a huge gap when she leaves". We concluded that the management arrangements are solid and facilitated continuous improvement of the service.