The Dene

Quality Report

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This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from patients, the public and other organisations

Ratings

Overall rating for this location	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive?	Good
Are services well-led?	Good

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

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

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

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

Summary of findings

Overall summary

We rated acute wards for adults of working age and psychiatric intensive care units, and forensic inpatient/ secure wards as **good** overall because:

- Following our inspection in October 2016, we rated the service as good for effective, caring, responsive and well led. Since that inspection we have received no information that would cause us to re-inspect these key questions or change the ratings.
- During this inspection, we found that the service had addressed the issues that had caused us to rate safe as requires improvement following the October 2016 inspection.
- The acute wards for adults of working age and psychiatric intensive care units, and forensic inpatient/ secure wards were now meeting Regulations 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

This overall rating has not changed from the rating given following the previous comprehensive inspection in October 2016.

Summary of findings

Contents

Good

The Dene

Services we looked at

Acute wards for adults of working age and psychiatric intensive care units; Forensic inpatient/secure wards

Summary of this inspection

Background to The Dene

The Dene is a modern purpose-built hospital providing acute and psychiatric intensive care units as well as specialised medium and low secure services for people with mental health needs, mild learning disabilities or problems with substance misuse.

The hospital currently has five working wards which comprise two male wards, one acute, one high dependency unit; one female high dependency unit, one medium secure female ward and one low secure female ward.

The hospital was last inspected fully in October 2016. At the October 2016 inspection CQC issued one requirement notice in relation to ligature risk assessments and mitigation plans. This related to the following regulation under the Health and Social Care Act (Regulated Activities) Regulations 2014:

- Regulation 12 HSCA (RA) Regulations 2014 Safe care and Treatment

A requirement notice is issued by CQC when an inspection identifies that the provider is not meeting essential standards of quality and safety. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Our inspection team

The inspection was completed by CQC inspector James Holloway.

Why we carried out this inspection

We undertook this unannounced, focused inspection to find out whether the Dene hospital had made improvements to their service since our last comprehensive inspection in October 2016.

When we last inspected we rated the Dene as **good** overall. We rated the service as requires improvement for safe and good for effective, caring, responsive and well-led.

Following the October 2016 inspection we told the provider they must make the following actions to improve acute wards for adults of working age and psychiatric intensive care units, and forensic inpatient/ secure wards.

- The provider must update the ligature risk assessment to be more specific and have an action plan to mitigate any identified risks.

These related to the following regulations under the Health and Social Care Act (Regulated Activities) Regulations 2014:

Regulation 12 Safe care and treatment

This requirement notice has now been met following this inspection.

How we carried out this inspection

On this inspection, we assessed whether the service had made improvements to the specific concerns we identified during our last inspection.

Before the inspection, we reviewed information that we held about acute wards for adults of working age and psychiatric intensive care units, and forensic inpatient/ secure wards at the Dene, including information from the

Summary of this inspection

Mental Health Act scheduled monitoring visit on 24 May 2017. This information suggested that the ratings of good for effective, caring, responsive and well led, that we made following our October 2016 inspection, were still valid. Therefore, during this inspection, we focused on those issues that had caused us to rate the service as requires improvement for safe.

During the inspection visit, the inspection team:

- visited two of the wards and looked at the quality of the ward environment and observed how staff were caring for patients
- spoke with three patients who were using the service
- spoke with the hospital director, director of nursing, senior governance manager and the acting lead nurse
- spoke with the managers or acting managers for two of the wards
- reviewed eight patient care records
- reviewed team meeting and patient community meeting minutes
- looked at a range of policies, procedures and other documents relating to the running of the service, specifically the ligature and blind spot risk audits

What people who use the service say

Patients reported they felt safe on the ward and they felt there was always enough staff on the wards. Patients stated that the food was of good quality and there was good variety and choice. Patients enjoyed the facilities available at the hospital, but did say that they did not feel there were not enough therapeutic sessions on offer. Patients reported that overall they felt cared for by staff on the wards.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

Good

We re-rated safe as good because:

- The service had addressed the issues that had caused us to rate safe as requires improvement following the October 2016 inspection.
- The hospital had a comprehensive ligature risk audit which identified the ligature points in each area of the hospital and a mitigation plan. We observed during the previous inspection that the detail and mitigation plan for each identified risk was missing; this has now been rectified and is included in the current ligature assessment.
- Staff had completed a blind spot audit to identify these and had put in place mitigation plans.

However:

- Not all risk assessments were stored in the same place on the electronic record which meant that staff could not always access these quickly when needed.

Are services effective?

Good

At the last inspection in October 2016 we rated effective as **good.** Since that inspection we have received no information that would cause us to re-inspect this key question or change the rating.

Are services caring?

Good

At the last inspection in October 2016 we rated caring as **good.** Since that inspection we have received no information that would cause us to re-inspect this key question or change the rating.

Are services responsive?

Good

At the last inspection in October 2016 we rated responsive as **good.** Since that inspection we have received no information that would cause us to re-inspect this key question or change the rating.

Are services well-led?

Good

At the last inspection in October 2016 we rated well led as **good.** Since that inspection we have received no information that would cause us to re-inspect this key question or change the rating.

Detailed findings from this inspection

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Acute wards for adults of working age and psychiatric intensive care units	Good	Good	Good	Good	Good	Good
Forensic inpatient/ secure wards	Good	Good	Good	Good	Good	Good
Overall	Good	Good	Good	Good	Good	Good

Acute wards for adults of working age and psychiatric intensive care units

Good

Safe	Good
Effective	Good
Caring	Good
Responsive	Good
Well-led	Good

Are acute wards for adults of working age and psychiatric instensive care unit services safe?

Good

Safe and clean environment

- There were blind spots on each of the wards. However, staff had completed a blind spot audit to identify these and had put in place mitigation plans. Staff were aware of the blind spots and there were convex mirrors in place to aid observations. The blind spot audit was first completed in March 2017 and staff planned to review this every six months.
- There were ligature points on all the wards. However, the hospital had a comprehensive ligature risk audit which identified the ligature point in each area of the hospital and a mitigation plan. We observed during the previous inspection in October 2016 that the detail and mitigation plan for each identified risk was missing; this had now been rectified and was included in the current ligature assessment. Staff planned to review the audit every six months and staff could update the ligature assessment as they identified new risks, or the risk level changed.
- Each ward was single sex, so the hospital was fully compliant with Department of Health guidelines on same sex accommodation.
- Each ward had a fully equipped clinic room with accessible resuscitation equipment, and a medicines fridge which staff checked the temperature of daily to ensure medicines were stored at the correct temperature.
- All equipment was well maintained and testing stickers visible and in date.
- The wards were clean, spacious and well maintained and we saw evidence staff completing cleaning schedules on the ward to maintain ward hygiene and cleanliness.
- Staff carried alarms at all times to alert other staff to respond in an emergency.

Safe staffing

- Planned staffing establishment levels for each ward were two qualified nurses and four health care assistants during the day, and four members of staff at night, including at least one qualified nurse. We saw rotas that showed these staffing levels were always maintained. Ward managers could request additional staff if required depending on the acuity of the patients and if there was more than one patient on enhanced observations. Enhanced observations are those that require the patient to be in eyesight, or arms-length of a staff member at all times.
- Staff worked a shift pattern of 7.30am – 8pm, and 7.30pm – 8am. There was always a minimum of two qualified nurses on each day shift and one for each night shift. The management team held a multidisciplinary team meeting every morning at which staffing levels for the hospital were discussed. If a ward was under staffed, staff could be moved from another ward to cover, if that did not leave a ward short.
- Each ward had nursing and healthcare assistant vacancies. There were nine nursing vacancies on Edith Cavell ward, eight on Michael Shepherd, seven each on Wendy Orr and Helen Keller and four on Elizabeth Anderson ward. Healthcare assistant vacancies ranged

from seven on Helen Keller ward to one on Michael Shepherd. The hospital was proactively recruiting to these vacancies and could offer interviews to potential staff at short notice.

- All shifts were covered with each ward using agency staff to cover as required. Regular bank staff covered the majority of these shifts. Wards made limited use of agency staff. Wards used the same bank staff if possible to maintain continuity and ensure that the staff and patients were familiar with each other.
- On each ward there were enough staff on duty to allow patients to have regular one to one time with their named nurse. Staff rarely cancelled escorted leave due to staff shortages.
- Staff were fully up to date with all mandatory training. Examples of mandatory training included immediate life support, equality, diversity and human rights, Mental Health Act and Code of Practice, and safeguarding adults and children. Mandatory training rates were over 97% complaint and had been for the six months prior to the inspection. The hospital had a robust system in place to ensure that staff were notified whenever any mandatory training was due to expire.
- The hospital used locum nurses who were able to access the same training as permanent staff members. If a bank or locum staff member did not have full mandatory training compliance they would not be able to work on the wards until this had been completed.
- Medical cover was provided by a GP who attended the hospital weekly. All patients in the long term secure wards were registered at this GP's practice. The hospital had service level agreements with local specialist services such as tissue viability and dentistry. The GP could refer to specialist medical services including speech and language therapists or continence specialists. The hospital had an immediate life support response team available at all times to address any medical emergencies.
- Each ward had a dedicated consultant psychiatrist to provide seclusion reviews, complete patient admissions and respond to psychiatric emergencies.

Assessing and managing risk to patients and staff

- Staff followed detailed observation policies on the ward. Each shift had a named staff member who was responsible for security for the shift. This staff member would complete and record hourly patient observations. If patients required a higher level of observation this was discussed in the handover and the nurse in charge allocated this role within the shift numbers.
- We reviewed eight patient care records. Risk assessments we reviewed were thorough and completed in a timely manner. Staff completed risk assessments at point of admission and reviewed regularly thereafter. However, not all risk assessments were stored in the same place in the electronic record meaning staff could not always access these easily when needed.
- Staff used recognised risk assessment tools such as the historical, clinical risk management -20 (HCR-20), and the short term assessment of risk and treatability (START).
- All staff received safeguarding training and knew of the process for raising a safeguarding alert. The hospital had raised 23 safeguarding alerts with the local authority since March 2017, these involved 14 different patients.
- During the previous inspection informal patients had reported they were not aware they could leave the ward at any time. The hospital had made improvements in this area and now informal patients were aware they could leave the ward at any time by asking a member of staff to unlock the doors. The rights of informal patients to leave the ward were clearly displayed on the ward doors and the patient booklet had been updated to clearly explain the informal patient's status. We saw minutes of staff meetings which clearly showed that staff were frequently reminded of the right of informal patients to leave the ward, and community meeting minutes which also highlighted to informal patients they were able to leave the ward.
- Seclusion records showed that staff kept appropriate records and completed checks immediately afterwards. Staff updated care plans for patients requiring seclusion and reviewed these regularly. Staff recorded a rationale for seclusion and reviewed this every two hours. Staff used seclusion appropriately when other methods of de-escalation and managing challenging behaviour had not been successful.

Reporting incidents and learning from when things go wrong

- All staff were aware of the incident reporting process. Staff reported incidents on the hospital electronic incident recording system and knew what to report.

Acute wards for adults of working age and psychiatric intensive care units

Good

Managers within the hospital then reviewed incidents in line with their managing incidents and untoward occurrences policy. This policy ensured that ongoing lessons could be learnt before the conclusion of the investigation. When the investigation was concluded formal lessons were shared across the hospital via the multidisciplinary team meeting and ward team meetings. Learning was also emailed to all members of staff to ensure everyone had the opportunity to learn from incidents.

- Staff involved patients in any debrief to see how the incident was experienced from a patient perspective. The hospital had a duty of candour policy and was open and transparent in sharing with the patient when errors had been made.
- Managers from the senior management team discussed any incidents at the daily multidisciplinary team meeting. All ward managers and managers from each department attended this meeting, for example social work or psychology. The managers then fed back any updates on incidents and learning to their own teams by e-mail and team meetings. This ensured that lessons were shared across the hospital and did not stay within the ward where the incident happened.

Are acute wards for adults of working age and psychiatric intensive care unit services effective?

(for example, treatment is effective)

Good

At the last inspection in October 2016 we rated effective as **good.** Since that inspection we have received no information that would cause us to re-inspect this key question or change the rating.

Are acute wards for adults of working age and psychiatric intensive care unit services caring?

Good

At the last inspection in October 2016 we rated caring as **good.** Since that inspection we have received no information that would cause us to re-inspect this key question or change the rating.

Are acute wards for adults of working age and psychiatric intensive care unit services responsive to people's needs?

(for example, to feedback?)

Good

At the last inspection in October 2016 we rated responsive as **good.** Since that inspection we have received no information that would cause us to re-inspect this key question or change the rating.

Are acute wards for adults of working age and psychiatric intensive care unit services well-led?

Good

At the last inspection in October 2016 we rated well led as **good.** Since that inspection we have received no information that would cause us to re-inspect this key question or change the rating.

Good

Forensic inpatient/secure wards

Safe	Good
Effective	Good
Caring	Good
Responsive	Good
Well-led	Good

Are forensic inpatient/secure wards safe?

Good

Safe and clean environment

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Forensic inpatient/secure wards

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Are forensic inpatient/secure wards effective?

(for example, treatment is effective)

Good

At the last inspection in October 2016 we rated effective as **good.** Since that inspection we have received no information that would cause us to re-inspect this key question or change the rating.

Are forensic inpatient/secure wards caring?

Good

At the last inspection in October 2016 we rated caring as **good.**Since that inspection we have received no information that would cause us to re-inspect this key question or change the rating.

Are forensic inpatient/secure wards responsive to people's needs?

(for example, to feedback?)

Good

At the last inspection in October 2016 we rated responsive as **good.**Since that inspection we have received no information that would cause us to re-inspect this key question or change the rating.

Are forensic inpatient/secure wards well-led?

Good

At the last inspection in October 2016 we rated well-led as **good.**Since that inspection we have received no information that would cause us to re-inspect this key question or change the rating.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider SHOULD take to improve

- The provider should ensure that staff know where to store risk assessments on the electronic record and ensure they are stored in the appropriate place consistently.