

# St Andrew's Healthcare - Neuropsychiatry Service





## Quality Report

Billing Road  
Northampton  
Northamptonshire  
NR1 5DG  
Tel: 01604 616367  
Website: [www.stah.org](http://www.stah.org)

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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.

# Summary of findings

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

## Overall summary

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

- Patients received timely access to physical healthcare, including access to specialists when needed.
- Care records were up to date and included the patients personalised life story “This is me.” Care records showed positive behaviour plans and support.
- Technology and equipment were used to enhance delivery of care, for example a talking tile (which had a picture of patient’s family member and a recorded message) and a digital aquarium on the wall for patient’s viewing. Staff accessed video calls for patients to see and speak with their carers and relatives. One patient spoke regularly with their relative abroad.
- Staff received the necessary specialist training for their role for example end of life training, dementia care mapping, and physical health care training.
- Staff were supervised with one to one meetings, group reflective practice meetings, appraised and had access to regular team meetings.
- We observed effective early morning handovers on O’Connell South and Compton wards.
- Staff participated in regular clinical audits such as infection control, cleanliness audit. Clinicians were provided with research evidence from recent publications via alerts.
- Staff told us managers were supportive, and were a visible presence on the ward. Staff knew how to use the whistle blowing process.
- The clinical nurse lead on O’Connell South ward was the champion for the staff survey, encouraging staff to complete the survey “My Voice”.
- O’Connell North and South wards were working towards accreditation for the quality network older adults. An application had been submitted.

### However:

- On O’Connell South ward, the visitor’s room on the first floor had two large sash windows with no restrictors. These meant windows could be fully opened and patients may not be safe when left unsupervised in this area. When we brought this to the attention of the clinical nurse lead they told us repairs would be made to the windows within three days. The door was locked after we brought the issue to their attention.
- The patients lift on the first floor of O’Connell South ward was not in use for one week. This was due to an infection control outbreak on an adjacent ward. We saw the lift was unclean with litter, and reported this to the clinical nurse lead. The lift was immediately cleaned. For a temporary period O’Connell South ward was accessed via another lift in the building.

# Summary of findings

## Our judgements about each of the main services

### Service

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

### Rating

**Good**



### Summary of each main service

O'Connell North ward  
O'Connell South ward  
Compton ward

# Summary of findings

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Good



# St Andrew's Neuropsychiatry

**Services we looked at:**

Wards for older people with mental health problems;

# Summary of this inspection

## Background to St Andrew's Healthcare - Neuropsychiatry Service

St Andrew's Healthcare has been registered with the CQC since 11 April 2011. The services have a registered manager and a controlled drug accountable officer. The registered locations at Northampton are adolescent services, men's services, women's services and neuropsychiatry services.

Northampton is a large site consisting of more than ten buildings, more than 50 wards and has 659 beds. St Andrew's Healthcare also has services in Nottinghamshire, Birmingham and Essex.

St Andrews is registered for the following regulated activities:

Assessment or medical treatment for persons detained under the Mental Health Act 1983.

Treatment of disease, disorder or injury.

Patients receiving care and treatment at St Andrew's Healthcare follow care pathways. These are women's mental health, men's mental health, autistic spectrum disorder, adolescents, neuropsychiatry and learning disabilities pathways.

The locations at St Andrew's Healthcare Northampton have been inspected 19 times. The last comprehensive inspection was in June 2016.

When we last inspected the Northampton site in June 2016, the overall rating for the neuropsychiatry services

was good. The CQC identified issues in relation to aspects of care in the effective domain in the wards for older people with mental health problems. We reviewed this domain and the well led domain on this inspection.

Following the June 2016 inspection, we told the provider to take the following actions:

The provider must make sure that mental capacity assessments are completed and that they are decision specific. The provider must ensure there is evidence of documented discussion with the patient when decisions are made regarding a patient's capacity to make decisions.

These were in relation to Regulation 11 Need for consent.

There had been previous visits to the wards by Mental Health Act reviewers. We considered these in preparation for this inspection.

Wards for older people with mental health problems in the neuropsychiatry service include:

O'Connell ward is a 23 bed locked ward for male older adults. In March 2016 the ward became two wards, O'Connell North ward and O'Connell South ward.

Compton ward is an 18 bed locked ward for both male and female patients.

This was an announced focused inspection looking at the effective and well-led domains for wards for older people with mental health problems.

## Our inspection team

**Team leader:** Margaret Henderson, Inspection Manager, mental health hospitals, CQC.

The team that inspected the location consisted of two inspectors, and two specialist professional advisors, a consultant psychiatrist and a nurse.

The team would like to thank all those who met and spoke with the team during the inspection, and were open and balanced with the sharing of their experiences, and their perceptions of the quality of care and treatment at this location.

# Summary of this inspection

## Why we carried out this inspection

We inspected this core service as part of our ongoing mental health inspection programme.

## How we carried out this inspection

Before the inspection visit, we reviewed information that we held about this service, asked a range of other organisations for information and sought feedback from patients.

During the inspection visit, the inspection team:

- visited three wards at the hospital site 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 clinical nurse leads and ward managers for each of the wards
- spoke with fifteen other staff members; including doctors, nurses, occupational therapists, psychologist, dietician, social workers and healthcare assistants
- attended and observed two hand-over meetings
- looked at 12 care records
- looked at a medicine chart for one patient
- looked at a range of policies, procedures and other documents relating to the running of the service.

## What people who use the service say

We spoke with three patients and one carer. One patient felt safe but wanted to leave. Another patient said they were well cared for, staff were good to them and kind. They saw their relative on a weekly video call. One patient told us they were not happy about the no smoking policy, but felt staff were helpful.

A carer told us staff were always polite and respectful to their relative. Their relative was always well presented and looked clean. Family members were regularly involved in their relatives care via telephone, as they could not visit. They were complimentary about staff on the O'Connell South ward.

# 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?

Following our inspection in June 2016 we rated the services as good for safe. We did not inspect this key question on this inspection.

However we found the following:

- On O'Connell South ward, the visitor's room on the first floor had two large sash windows with no restrictors. These meant windows could be fully opened and patients may not be safe when left unsupervised in this area. The clinical nurse lead told us repairs would be made to the windows within three days. The door was locked after we brought this to their attention.
- The patients lift on the first floor of O'Connell South ward was not in use for one week. This was due to an infection control outbreak on an adjacent ward. We saw the lift was unclean with litter, and reported this to the clinical nurse lead. The lift was immediately cleaned. For a temporary period O'Connell South ward was accessed via another lift in the building.

Good



### Are services effective?

We rated effective as good because:

- Patients received timely access to healthcare, including access to specialists when needed.
- Care records were up to date and included the patients personalised life story "This is me." Care records contained positive behaviour plans and support.
- Technology and equipment were used to enhance delivery of care, for example a talking tile (which had a picture of patients family member and a recorded message) and a digital aquarium on the wall for patient's viewing. Staff accessed video calls for patients to see and speak with their carers and relatives. One patient spoke regularly with their relative abroad.
- Staff received the necessary specialist training for their role for example, end of life training, dementia mapping and physical health care training.
- Staff were supervised with one to one meetings, reflective group meetings, appraised and had access to regular team meetings.
- We observed effective early morning handovers on O'Connell and Compton wards.

Good



# Summary of this inspection

## Are services caring?

Following our inspection in June 2016 we rated the services as good for caring. Since that inspection we have received no information that would cause us to re-inspect these key questions or change the ratings.

Good



## Are services responsive?

Following our inspection in June 2016 we rated the services as good for responsive. Since that inspection we have received no information that would cause us to re-inspect these key questions or change the ratings.

Good



## Are services well-led?

We rated well-led as good because:

- There were governance processes in place to monitor quality, performance and take appropriate action following serious incidents.
- Staff participated in regular clinical audits such as infection control, cleanliness audit.
- Staff told us managers were supportive, and were a visible presence on the ward.
- Staff spoke passionately about the patient group. There was a culture of high quality sustainable care, which was corroborated with staff interactions with patients and care records.
- Staff knew how to use the whistleblowing process.
- The clinical nurse lead on O'Connell South ward was the champion for the staff survey, encouraging staff to complete the survey- My Voice.
- O'Connell North and South wards were working towards accreditation for the quality network older adults. An application had been submitted.

Good



# Detailed findings from this inspection

## Mental Health Act responsibilities

We do not rate responsibilities under the Mental Health Act 1983. We use our findings as a determiner in reaching an overall judgement about the Provider.

There were three unannounced visits by Mental Health Act reviewers made to Compton, O'Connell North and O'Connell South wards since December 2016. On Compton ward the issues identified were around respecting patients' rights and autonomy, care support and treatment in hospital, leaving hospital. On O'Connell North ward, the issues were around respecting patients' rights and autonomy. On O'Connell South ward, the issues were around respecting patients' rights and autonomy and professional responsibilities. Provider action plans were in place.

82% staff trained in the use of the Mental Health Act 1983 (MHA) and Code of Practice. Mental Health Act training was provided annually. The ward managers showed us staff training records. The staff group were 100 % compliant in Mental Health Act training. The provider had ensured that staff were appropriately trained for their role.

Overall, staff completed Mental Health Act paperwork correctly. Staff we spoke with were aware of their responsibilities under the Mental Health Act and knew where to get further advice. There was administrative support to ensure paperwork was up to date and regular audits took place.

Staff ensured that patients who were detained under Mental Health Act had their rights explained to them and checked if they understood, and recorded patients understanding. Nursing staff completed consent to treatment and capacity requirements.

Staff had access to the approved mental health professional reports, which detailed the concerns and circumstances identified when patients were assessed and detained. This ensured staff had relevant information to assess and plan care for patients.

Patients had access to Independent Mental Health Act Advocacy for patients and contact details were contained in admission packs and displayed on wards for patient reference. Staff were clear on how to access the service on behalf of patients.

## Mental Capacity Act and Deprivation of Liberty Safeguards

The ward managers and clinical nurse leads showed us staff training records. Staff were 100% compliant with Mental Capacity Act (MCA) training. The trust had ensured staff were appropriately trained for their role. Most staff we spoke with explained how capacity would be assessed for significant decisions.

Staff told us capacity assessments were usually completed by nursing staff. On Compton ward there were five patients and O'Connell North ward four patients who were subject to a Deprivation of Liberty Safeguards authorisation.

The provider had a Mental Capacity Act and Deprivation of Liberty Safeguards policy for staff reference. Staff we spoke with had varying degrees of knowledge about the Mental Capacity Act and Deprivation of Liberty Safeguards process.

## Overview of ratings






Our ratings for this location are:

# Detailed findings from this inspection

	Safe	Effective	Caring	Responsive	Well-led	Overall
Wards for older people with mental health problems	Good	Good	Good	Good	Good	Good
Overall	Good	Good	Good	Good	Good	Good

## Notes

# Wards for older people with mental health problems

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

## Are wards for older people with mental health problems safe?

Good 

Following our inspection in June 2016 we rated the services as good for safe. We did not inspect this key question in May 2017. However, we found the following:

### Safe and clean environment

- The rooms on Compton ward were large and sparsely furnished. There was a stair well in the corridor, which was listed, but could cause harm if patients chose to use it. There were plans to have this area boxed in.
- On O'Connell South ward the visitor's room was set off the ward on the first floor, and had two large sash windows with no restrictors. These meant windows could be opened and patients may be at risk of falling, when left unsupervised in this area. The clinical nurse lead told us repairs would be made to the windows within three days during the inspection. The door was locked after we had brought this issue to their attention.
- The patients lift on the first floor of O'Connell South ward was not in use during the week of the inspection. This was due to an infection control outbreak on an adjacent ward. We saw the lift was unclean with litter, and reported this to the clinical nurse lead. The lift was immediately cleaned. For a temporary period O'Connell South ward was accessible via another lift in the building.

## Are wards for older people with mental health problems effective? (for example, treatment is effective)

Good 

### Assessment of needs and planning of care

- We reviewed 12 care records for patients.
- We found staff assessed and planned care for individual patient's needs. Staff completed care plans that gave comprehensive information about how to best care for the patient. We saw positive behaviour support plans. Care plans took account of the views of the family and carers and were personalised and recovery focused. Care plans included a patient's life story-This is me. Patients were offered copies of care plans. We saw copies of care plans in some patient's bedrooms.
- Care plans showed that patients received a physical examination on admission and included information of ongoing physical healthcare needs. Patients received an annual health check. We saw effective psychologists and occupational therapist plans for individual patients.
- Staff used electronic patient records. All staff had access to the electronic patient record system, and were able to access and input patient information.

### Best practice in treatment and care

- The provider employed a physical health care team to assist with assessment and management of physical healthcare needs for patients. The team included consultants, doctors, speciality nurses, dentists, opticians, and podiatry services. Staff on the wards we

# Wards for older people with mental health problems

spoke with confirmed input from the team had been a valuable resource for patients care. For example, a nurse specialised in diabetic care and was able to advise staff on individual treatment plans. A monthly report identified patients requiring screening, and patients were encouraged to attend. Staff supported patients to access specialists, as required and escorted patients to appointments, when needed.

- We saw technology and equipment used to enhance the delivery of care. On O'Connell North ward, we saw staff used a "talking tile". A photograph of a patient relative was affixed onto a voice recorder the size of a tile. The voice of the patient's relative was recorded with a short message. Staff told us this gave patient some reassurance and pleasure when holding the tile. One patient on O'Connell South ward told us they spoke on a video call each week with their relatives abroad. On O'Connell North and O'Connell South wards, we saw digital aquariums on the walls, which patients could sit and watch. Compton ward had profiling beds that go to the floor and fall sensors were in some bedrooms. Virtual reality headsets were being considered for some patients on Compton ward.
- Patients had access to psychology, a dietician, physiotherapy, occupational therapy and effective pharmacy input on wards. Patients' nutrition and hydration needs were assessed and met.
- Nursing staff completed health of the nation outcomes scales, depression scales, standardised assessment scales and diagnosis scales in dementia. O'Connell North, O'Connell South and Compton were older adult's wards, and followed the neuropsychiatry pathway of care, individualised to patient needs. Clinicians were provided with research evidence from recent publications via alerts, that were specific to this service.
- Staff on wards completed audits, for example, audits of infection control and cleanliness audits. The pharmacy team carried out a number of checks and audits, clinical checks of medication records, antipsychotic medicines, controlled drugs, and clinic room audits.

## Skilled staff to deliver care

- Wards had a range of disciplines to provide care and treatment. The multidisciplinary team consisted of consultants, speciality doctors (junior doctors),

psychologists, qualified nurse's occupational therapists, and health care assistants. Pharmacy staff were available when needed. Wards had access to social workers on site. Staff were experienced and qualified.

- When starting work at St Andrew's Healthcare, health care assistants were provided with the care certificate standards induction. The care certificate aims to equip staff with the knowledge and skills which they need to provide safe compassionate care.
- St Andrew's Healthcare provided a formal induction period for new permanent staff. This involved attending a corporate induction, learning about the ward and policies and a period of shadowing existing staff before working alone. Newly registered staff completed a preceptorship. Preceptorship is a period in which to guide and support all newly qualified practitioners to make the transition from student to registered nurse.
- Staff received the necessary specialist training for their role for example end of life training, dementia mapping, and physical health care training.
- There were opportunities for development for both qualified and unqualified staff. The provider offered the ASPIRE programme to unqualified staff to train as nurses. Qualified staff were offered top up degrees, and master degrees, advanced academic or professional training
- We were told that bank and agency staff underwent a basic induction including orientation to the ward, emergency procedures such as fire and a handover about patients and current risks.
- On O'Connell North and O'Connell South wards the percentages of non-medical staff that have had an appraisal in the last 12 months was 100%, and Compton ward 92%. Appraisal is a method by which the job performance of an employee is documented and evaluated. A total of seven doctors worked across older adult's men's service, and neuropsychiatry wards, with some doctors working on more than one ward. All seven doctors had completed a medical appraisal in the 2016/17 year ending 31 March 2017. One hundred per cent of doctors had completed their revalidation
- The provider target rate for clinical supervision of medical staff was 85%. The clinical supervision rate for Compton ward was 91%, O'Connell North ward 93%,

# Wards for older people with mental health problems

and O'Connell South ward 98%. Staff we spoke with received regular supervision on the wards. Ward managers showed us training records with 100 % compliance for supervisions. We found that supervision records contained a mixture of clinical and managerial supervision documentation. For example reflective group sessions, formal one to ones, and clinical discussions.

- The provider had processes for identifying and managing poor staff performance, including involvement from occupational health and the human resources service. The provider information told us that there had been no staff suspended and, or under supervision practice between 1 January 2016 and 31 December 2016 for this service.

## Multi-disciplinary and inter-agency team work

- There were regular and effective multidisciplinary meeting on wards. Patients and their carers were encouraged to attend, participate and share their views. Different professionals worked together effectively to assess and plan patients' care and treatment.
- We observed two ward early morning handovers on O'Connell South and Compton wards. We found these to be well structured and informative. Staff provided details including each patient's level of observations, risks, and Mental Health Act status. Staff received information on diagnosis, current presentation, and activities for the day and physical health care, as appropriate. Staff had received detailed and relevant information to allow them to care for patients.
- The consultant and medical staff were a regular presence on the wards and were present at times during our inspection. We observed good interaction between the ward staff and medical teams on the wards.
- We saw how the ward team liaised with other services, for example, older adult's networks and police.

## Adherence to the MHA and the MHA Code of Practice

- The Care Quality Commission completed three unannounced visits by Mental Health Act (MHA) reviews to Compton, O'Connell North and O'Connell South wards. On Compton ward the issues identified were around respecting patients' rights and autonomy, care support and treatment in hospital, leaving hospital. On O'Connell North ward, the issues were around

respecting patients' rights and autonomy. On O'Connell South ward, the issues were around respecting patients' rights and autonomy and professional responsibilities. Provider actions plans were in place for these aspects.

- For the older adults neuropsychiatry pathways there were 82% staff trained in the use of the Mental Health Act 1983 (MHA) and Code of Practice. The provider did not provide any data relating to specific wards. Mental Health Act training was provided annually. The ward managers showed us staff training records. The staff group were 100 % compliant in Mental Health Act training. The provider had ensured that staff were appropriately trained for their role
- Staff we spoke with were aware of their responsibilities under the MHA and knew where to get further advice, if needed.
- Staff completed MHA paperwork correctly. There was administrative support to ensure paperwork was up to date and regular audits took place.
- We checked one medicine chart. Medical staff completed consent to treatment and capacity requirements. Nursing staff had access to T2 (consent to treatment) and T3 (is when patients do not consent) forms when administering medication for patients.
- Mental Health Act administrators were available to offer support and legal advice to staff on the implementation of the Mental Health Act and the Code of Practice. The Mental Health Act administration office provided reminders to consultants for section renewals and consent to treatment. The Mental Health Act administrators were a point of contact for staff to seek advice about Mental Health Act.
- Nursing staff checked and received detention papers. The Mental Health Act administrators completed scrutiny of section papers to ensure compliance with the Mental Health Act and regular audits.
- We saw information on the wards around access to Independent Mental Health Advocacy.

## Good practice in applying the MCA

- The ward managers on wards showed us staff training records, staff were 100 % compliant Mental Capacity Act 2005 (MCA). Provider information showed staff were 82% compliant with this training. The provider had ensured

# Wards for older people with mental health problems

staff were appropriately trained for their role. Most staff we spoke with explained how capacity would be assessed for significant decisions. However, staff told us nursing staff usually completed assessments.

- The provider had a Mental Capacity Act and Deprivation of Liberty Safeguards policy for staff reference. Staff we spoke with had varying degrees of knowledge about the Mental Capacity Act and Deprivation of Liberty Safeguards. The provider ensured that staff were appropriately trained for their role.
- Staff told us capacity assessments were usually completed by nursing staff. On Compton there were five patients and O'Connell North ward four patients who were subject to a Deprivation of Liberty Safeguard authorisation.
- The provider had a Mental Capacity Act and Deprivation of Liberty Safeguards policy for staff reference.
- Staff told us they would seek advice from the ward manager and the Mental Health Act administrators were a point of contact to seek advice about Mental Capacity Act.

## Are wards for older people with mental health problems caring?

Good 

Following our inspection in June 2016 we rated the services as good for caring. Since that inspection we have received no information that would cause us to re-inspect these key questions or change the ratings.

## Are wards for older people with mental health problems responsive to people's needs?

(for example, to feedback?)

Good 

Following our inspection in June 2016 we rated the services as good for responsive. Since that inspection we have received no information that would cause us to re-inspect these key questions or change the ratings.

## Are wards for older people with mental health problems well-led?

Good 

### Vision and values

- The vision of St Andrew's healthcare was "transforming lives by building world-class mental healthcare services". They had four core values, compassion, accountability, respect and excellence.
- Staff we spoke with knew who the local senior managers in the organisation were. Staff told us that senior executive management team were not as visible and had not visited the wards. However, on O'Connell South ward during the inspection a non- executive board member was visiting the ward.
- Staff felt well supported by clinical nurse leads and ward managers, and were a visible presence on the wards.

### Good governance

- There were governance processes in place to monitor quality, performance and take appropriate action following serious incidents. There were weekly manager and matron meetings to review issues, monthly quality and safety meetings which included the managers, clinicians and compliance manager. There were weekly bed management meetings to review bed numbers.
- There were sufficient staff to meet the needs of the patients. The provider had processes for ensuring all staff had access to annual appraisals. Data showed the appraisal rates were all above 75% for both medical and non-medical staff. We saw training records on wards that confirmed staff had made progress and were up to date with supervisions. Staff received mandatory training including safeguarding training. Clinicians were provided with research evidence from recent publications via alerts.
- The ward staff told us repairs were being carried out to install window restrictors in the visitors room on O'Connell South ward as they presented a potential hazard.

# Wards for older people with mental health problems

- Staff participated in regular clinical audits infection control and cleanliness audits; and incidents were reported correctly.
- We found Mental Health Act paperwork to be in order and accessible to staff for reference. Staff had received Mental Health Act training across all wards. The provider completed regular audits to ensure Mental Health Act paperwork was in order. Staff received training in the Mental Capacity Act and had varying degrees of knowledge about processes.
- Ward managers and clinical nurse leads had access to administrative support and had sufficient authority to manage their wards. The ward manager for Compton ward covered two additional wards O'Connell North and O'Connell South wards. Clinical nurse leads had day-to-day responsibility for O'Connell North and O'Connell South wards. Ward managers and clinical nurse leads told us senior managers supported them in their role.

## Leadership, morale and staff engagement

- No staff spoken with reported concerns with bullying or harassment. The provider had a whistleblowing policy and all staff told us they felt able to raise concerns with managers without fear of victimisation. An independent confidential reporting line "safecall" was also available for staff to report risks.
- Overall, morale amongst staff across the older adult's neuropsychiatry pathway was good. Staff we spoke with said they felt well supported by their immediate manager. On all three wards, we saw a positive working culture within the teams.
- Staff spoke passionately about the patient group. There was a culture of high quality sustainable care, which was corroborated with staff interactions with patients and care records.
- Staff reported good team working and told us they felt supported by their colleagues in their work. There was good leadership on all wards. Ward managers had

access to leadership courses. There were opportunities to give feedback about the service. Staff awards were held annually where staff could nominate teams and individual staff members. We saw patient's carers and staff could nominate monthly for individual staff that had made a significant contribution. We saw the nominated staff names displayed on O'Connell North and South wards notice boards. Staff received shopping vouchers in recognition.

- Staff told us they completed an annual employee engagement survey. A survey had just been completed in 2017 but had not been fully analysed. However a senior management team member told us for 2017 two areas for improvement were to improve staff engagement, and patient and carer engagement. The clinical nurse lead on O'Connell South ward was the champion for the staff survey, encouraging staff to complete the survey My Voice.
- In 2016 the survey identified three top issues: re-introduction of management drop in sessions for staff to meet operational managers; regular planned time on wards by operation managers; and site wide plans and changes to be included in monthly staff meetings. The survey showed an average engagement score of 64%. This was 5% higher than the 59% engagement score in 2015, which meant more staff were completing the survey.

## Commitment to quality improvement and innovation

- O'Connell North and South wards were working towards accreditation for the quality network older adults. An application had been submitted.
- We saw technology and equipment used to enhance the delivery of care on O'Connell North ward. We saw the use of voice recording devices and video calls and screen digital aquariums on the walls. Virtual reality headsets were being considered for some patients on Compton ward. We saw profiling beds that go to the floor and fall sensors in bedrooms.

# Outstanding practice and areas for improvement

## Outstanding practice

Technology and equipment were used to enhance delivery of care. For example, on O'Connell North ward staff provided a talking device, which had a picture of a patient's family member and a recorded voice message, which helped to support and reassure the patient.