

Devon Partnership NHS Trust

Wards for older people with mental health problems

Quality Report

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Date of inspection visit: 5 - 9 December 2016

Date of publication: 15/03/2017

Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/unit/team)	Postcode of service (ward/unit/team)
RWV98	Franklyn Hospital	Belvedere Rougemont	EX2 9HS
RWV12	North Devon District Hospital	Meadow View	EX31 4JB
RWV55	Torbay Hospital	Beech Unit	TQ2 7AA

This report describes our judgement of the quality of care provided within this core service by Devon Partnership NHS Trust. Where relevant we provide detail of each location or area of service visited.

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

Where applicable, we have reported on each core service provided by Devon Partnership NHS Trust and these are brought together to inform our overall judgement of Devon Partnership NHS Trust.

Summary of findings

Ratings

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

Overall rating for the service

Good 

Are services safe?

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 / Deprivation of Liberty Safeguards

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

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

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

Summary of findings

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Summary of findings

Overall summary

- During the most recent inspection, we found the trust had addressed the issues that caused us to rate safe and effective as requires improvement following the July 2015 inspection. We have rated each domain as good.
- Following the December 2016 inspection, the wards for older people with mental health were meeting Regulations 11, 12 and 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

We have rated older people with mental health problems as **good** overall because:

- The provider had met all the requirements made following the previous inspection in July 2015. Seclusion was safely managed. Ligature cutters and medical equipment were accessible. Monitoring and checks of medical equipment and alarms were regularly checked to ensure they were fit for purpose. Systems were working to ensure that alarm and nurse call systems were regularly checked and charged. The treatment escalation plans were individually assessed and were completed in full.
- The provider had met or partially met all the recommendations following the previous inspection in July 2015. The trust were meeting same sex accommodation guidelines. The trust had ensured that information on white boards in ward offices were not visible to patients or ward visitors. Rapid tranquillisation was only prescribed when it was indicated and not written up in blanket way. Availability of carers support was clear on all wards. Access to independent mental capacity advocates was clear. Community services were individually assessed so that if the needs of a person under 65 suited the older person's community team then this could usually take place if appropriate. Help for visiting carers and relatives who did not live locally was supported on an individual basis by the ward managers.
- The service had implemented the four steps to safety programme on two of the four wards, which was an observation and assessment predictor tool where patients are observed and supported over a 24 hour period. Rougemont and Beech were in the process of

rolling this out at the time of our inspection which staff felt had had a positive effect on the quality of care and managing conflict and aggression. All wards we visited appeared calm and well managed despite the pressure on beds and admissions.

- Most ward teams worked well, in particular Beech Unit where the team ward manager and consultant worked particularly well together. This was the only inpatient ward in the trust that had no ward staff vacancies, which reflected the success of the Beech Unit team.
- The trust was recruiting creatively where they had been unable to fill vacant nursing posts. For example on Belvedere they had recruited an occupational therapist to the ward team.
- Some staff vacancies had been filled, for example Belvedere ward and Rougemont ward had a manager in place for both wards.

However;

- Beds were not always available for patients on return from leave although this being managed by the trust. Maintenance at Torbay was not always timely, although this was actively managed on beech ward at a local level and through a multi-agency action plan at a senior level and had improved.
- Staff vacancies continued to be a pressure on older people's inpatient services, particularly at Meadow View in North Devon and Belvedere the dementia unit. Nursing posts remained difficult to fill. Meadow View still had a vacant consultant post, covered by a long term locum. The vacant posts were affecting the wellbeing of the team.
- Although most staff attended regular team and supervision meetings, some staff had not had recent clinical supervision.
- Staff on Meadow View were not always clear as to when to make a safeguarding alert. For example, safeguarding alerts were not always made when a patient had capacity. We asked the ward and the trust safeguarding team to review this and make a safeguarding alert for a patient. The trust confirmed

Summary of findings

that they had done this and reviewed their system on Meadow View to ensure that they made alerts when required and not depending on the capacity of the potential victim.

- Risk assessments were variable in quality.

Summary of findings

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

Are services safe?

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

- Environments were clean, bright and well maintained.
- The trust was complying with same sex accommodation guidance with female lounges and en-suite facilities. Female patients admitted onto male corridors were reported as incidents in accordance with trust policy.
- Emergency equipment including ligature cutters and alarm systems were regularly checked and accessible. There was access to appropriate alarm systems on all the wards.
- Staff were skilled and trained in de-escalation. Meadow View and Beech in particular had very low episodes of restraint.
- There was an open culture of reporting and learning from incidents on all wards.

However:

- There was pressure on the staff working on wards with vacant posts, with high use of bank and agency staff. This particularly affected staff on Belvedere and Meadow View.
- Some risk assessment lacked detail, such as historic risk, particularly on Belvedere and Meadow View.

Good



Are services effective?

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

- Care plans were up to date and regularly reviewed.
- Detailed information and life stories had been collected to support care for patients with dementia.
- There was good physical health care monitoring
- Staff understood the Mental Capacity Act and were compliant with the trust training target. Rougemont staff had achieved 100% compliance.
- Mental Health Act paperwork was complete and staff described good support from the MHA central team.
- Treatment Escalation Plans were individual and up to date.

However:

- Care plans were not always updated to support the detailed information collected, such as patient life stories.
- Consultant psychiatrist recruitment on Meadow View remained a challenge.

Good



Summary of findings

- Compliance with Mental Health Act mandatory training was low.
- Access to psychological therapies and groups were limited.
- Staff did not have regular access to clinical supervision.

Are services caring?

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

- Staff were caring and supportive and attentive to patients and their carers.
- Observations of staff attitudes and behaviours were positive.
- Carers were involved in their relatives care.
- Patients were supported to give feedback on the service and were involved in making decisions such as in community meetings.

Good



Are services responsive to people's needs?

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

- There were safe practices to manage beds and monitor the high occupancy rates.
- Additional staff such as an admission and discharge coordinator had been introduced to Belvedere wards where discharges were delayed.
- There were good facilities on all the wards to promote recovery and comfort.
- Complaints were well managed across the service.

However:

- High occupancy rates meant that there were times when new patients were given the beds of another patient who was on leave. Staff described this as regular but there was no trust wide system to monitor and record how regular this was.
- Discharges were delayed, particularly on Belvedere ward.

Good



Are services well-led?

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

- Staff delivered safe care despite high staff vacancy rates.
- There were examples of very good leadership and management, such as the Beech Unit where there was a

Good



Summary of findings

flourishing environment that promoted learning and innovation. This was the only in patient ward that had no ward staff vacancies which reflected the success of the Beech Unit team.

- There were other examples of innovation, for example the interactive white board. There were plans for this to interface with the new care notes system although this was not yet in place.
- The ward managers from older people's services had visited other services to observe the provision of extra care areas in other trusts.

However:

- On some wards, the number of vacant posts had affected team morale. This was particularly the case on Meadow View where there were recruitment and retention issues across the multi-disciplinary team.
- Opportunities for development were not equitable across older people's services due to the vacancy rates. This particularly affected staff on Belvedere and Meadow View.
- The supervision system in place did not ensure that staff received clinical supervision for their roles. This was a particular risk on Belvedere where there were less trained staff supporting the team due to the high vacancy rates.

Summary of findings

Information about the service

Devon Partnership NHS Trust has four wards for older people with mental health problems.

Beech Unit in Torquay is situated within Torbay Hospital and is a 14 bed mixed sex ward for assessment and treatment of older people with severe mental health needs, such as depression, anxiety and psychosis.

Meadow View in Barnstaple is situated in North Devon District Hospital and is a 14 bedded mixed sex ward for assessment and treatment of older people with severe mental health needs, such as depression, anxiety and psychosis.

Rougemont based in Exeter is one of two wards in Franklyn hospital. Rougemont is a 16 bedded mixed sex ward for assessment and treatment for older people with severe mental health needs, such as depression, anxiety and psychosis.

Belvedere ward is a 14 bedded complex care and dementia mixed sex ward for older people across Devon. It is based at Franklyn Hospital in Exeter and shares the building and some facilities with Rougemont ward, such as the activities room and the family room.

When the CQC inspected the trust in July 2015, we found that the trust had breached three regulations. We issued the trust with four requirement notices for wards for older people with mental health. These related to the following regulations under the Health and Social Care Act (Regulated Activities) Regulations 2014:

- Regulation 11 HSCA (RA) Regulations 2014 Need for consent.
- Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment.
- Regulation 17 HSCA (RA) Regulations 2014 Good governance.

During this inspection, we found the service had made improvements and were now meeting the regulations.

Our inspection team

Head of Inspection: Pauline Carpenter, Care Quality Commission

Team Leader: Peter Johnson, Inspection manager, Care Quality Commission

The team that inspected this core service consisted of; two CQC inspectors, two specialist professional advisors who had experience of similar services and an expert by experience.

Why we carried out this inspection

We undertook this inspection to find out whether Devon Partnership Trust had made improvements to their wards for older people with mental health problems since our last comprehensive inspection of the trust in July 2015.

When we last inspected the trust in July 2015, we rated wards for older people with mental health problems as **requires improvement** overall.

We rated the core service as good for caring, responsive and well-led and as requires improvement for safe and effective.

Following the July 2015 inspection, we told the trust that it must make the following actions to improve wards for older people with mental health problems:

- The trust must ensure that secluded or segregated patient are monitored in line with the trust seclusion policy and MHA code of practice guidelines.
- The trust must ensure that all seclusion and segregation facilities meet the MHA code of practice guidelines and include Franklyn house within the seclusion and segregation policy as an area with a room for segregation and seclusion.

Summary of findings

- The trust must ensure that ligature cutters and emergency equipment are always accessible.
- The trust must ensure that monitoring and checks of medical equipment follow a systematic plan.
- The trust must ensure that alarm and nurse call systems are regularly checked to ensure they are charged and fit for purpose.
- The trust must ensure all Treatment Escalation Plans are completed in full.

We issued the trust with four requirement notices which relate to the following regulations under the Health and Social Care Act (Regulated Activities) Regulations 2014:

- Regulation 11 Need for consent.
- Regulation 12 Safe care and treatment.
- Regulation 17 Good governance.

How we carried out this inspection

To fully understand the experience of people who use services, 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?

Before the most recent inspection, we reviewed information that we held about wards for older people with mental health problems. In order to undertake a ratings review we inspected the service across all five domains. We carried out a comprehensive inspection of the service whilst focussing on those issues which had caused us to rate the service as requires improvement for safe and effective. We also made a few recommendations at the last inspection which we followed up during the December 2016 inspection.

During the inspection visit, the inspection team:

- visited all four of the older peoples wards at three hospital sites, looked at the quality of the ward environment and observed how staff were caring for patients,

- observed care of eight people using the short observational framework for inspection tool on the dementia unit,
- met with 12 patients who were using the service,
- spoke with 10 carers of patients,
- interviewed the managers for each of the wards and the older peoples service manager,
- spoke with two consultant psychiatrists and a locum psychiatrist for each of the wards,
- met with 22 other staff members; including doctors, nurses and psychologists,
- attended and observed a range of meetings and groups, including hand-over meetings, discharge planning meetings and art groups,
- collected 16 comments cards with feedback about the service from patients and carers,
- reviewed 12 staff records,
- examined 17 care and treatment records, 28 medicines records and 14 treatment escalation plans in relation to patient care,
- reviewed a range of policies, procedures and other documents relating to the running of wards for older people with mental health problems.

What people who use the provider's services say

We collected 16 comments cards and spoke with 12 patients and 10 carers across all the wards. We carried out two short observation framework interactions. This was an observation tool where we observed staff

interactions when caring for patients who could not easily speak for themselves due to their mental frailty. We saw during these observations that patients were consistently treated with kindness and respect.

Summary of findings

The majority of the comments we received were very positive. There were three mixed views in relation to difficulty getting through on the phone, quality of the food and quality of the therapy groups.

Patients were able to freely express their views. Patients expressed dissatisfaction, particularly on Beech Unit about wardrobe doors being removed without an individualised risk assessment.

Patients and relatives or carers spoke positively about the staff and felt supported by teams on each ward. Patients told us that staff were friendly and caring. Some staff were described as brilliant and fantastic.

Carers were supported to be included and told us that staff had gone out of their way to include carers throughout their relative's stay in hospital.

Good practice

- Since our last inspection the trust had implemented a 'four steps to safety' programme in partnership with another NHS trust on two of the four wards. Rougemont and Beech were in the process of rolling this out at the time of our inspection.
- The aim of the programme was to reduce violence in inpatient services by 50 per cent by the end of August 2017. The four steps were 'proactive care', 'patient engagement', 'teamwork' and 'environment'. 'Proactive care' meant using a predictive risk assessment tool and using a zoning system to assess, rate and reduce risk. 'Patient engagement' included a code of conduct between staff and patients and 'intentional rounding' where staff engaged patients in regular conversations (three times per shift) and asked patients how they were feeling and whether they needed anything. 'Teamwork' included the use of the 'situational background assessment recommendation decision' tool to be used in handovers and recording of incidents. 'Environment' meant developing an understanding of how the environment leads to violence and reducing conflict. Staff said the programme had been implemented well and that it was effective in producing a calmer environment. There were staff who acted as champions who shared their knowledge with others.
- The trust had produced an essential practice brief guide and this was available to staff across the wards. The guide included information on a variety of topics relevant to inpatient care including seclusion, de-escalation and long-term segregation, the Mental Capacity Act, Mental Health Act Code of Practice and improving physical healthcare. The guide was succinct and contained algorithms and checklists. We found the guide in use across the wards.

Areas for improvement

Action the provider SHOULD take to improve

- The trust should continue to support the teams with high vacancy rates which are adversely affecting morale and team cohesion.
- The provider should ensure that safeguarding concerns are managed and that referrals and alerts are made when indicated.
- The provider should ensure that staff have access to regular clinical supervision and comply with the trust policy for 90% of clinical staff to receive clinical supervision every two months.
- The provider should monitor the frequency of the usage of leave beds and aim to reduce the use of leave beds for new admissions.

Devon Partnership NHS Trust

Wards for older people with mental health problems

Detailed findings

Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
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Wards for older people with mental health problems	Franklyn Hospital North Devon District Hospital Torbay Hospital
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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.

The overall compliance rate for Mental Health Act level 2 training across this core service was 66% against the trust target of 90%. The training was not mandatory. However, staff demonstrated a good understanding of the Mental Health Act.

Staff explained patients' rights under the Mental Health Act. An independent Mental Health Act advisor visited the wards regularly.

The Mental Health Act administration team provided support to ensure detention papers were completed correctly and that renewals and consent to treatment were completed and renewed as required. The Mental Health Act administration team also provided face to face training as well as the online mandatory training.

Mental Capacity Act and Deprivation of Liberty Safeguards

The overall compliance rate for the Mental Capacity Act and Deprivation of Liberty Safeguards training course for wards for older people with mental health problems was 98% against the trust target of 90%.

In general, staff had a good understanding of the Mental Capacity Act 2005. Psychiatrists completed mental capacity assessments and treatment escalation plans where appropriate.

Detailed findings

The Mental Health Act administration team monitored adherence to the Act and were available to give advice.

Are services safe?

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

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

Our findings

Safe and clean environment

- During our previous inspection, we found ligature cutters and emergency medical equipment were not always accessible and that monitoring and checks of equipment were not always completed systematically. Staff did not always check the nurse alarm system to ensure they were in working order.
- Since our last inspection, the trust had undertaken work to improve this and systems were robust. Emergency medical equipment and ligature cutters were accessible. Ward staff had portable ligature cutters on their person and ligature cutters were accessible in the ward offices and clinic rooms. Checks of all equipment were up to date and regularly audited. Clinic rooms on all the wards were fully equipped. Checks were carried out to ensure resuscitation equipment and refrigerators were working effectively.
- During the previous inspection, we found that not all wards had a female only lounge, which did not fully comply with the Department of Health guidance on same sex accommodation in mental health wards. Since our last inspection, the trust had ensured that there was access to a female only lounge on each ward. Most wards had more female patients, which meant that females were on the male corridors. This was managed safely and male and female patients had access to en-suite bathroom facilities.
- Staff mitigated ligature risks through observation levels and the trust had worked to reduce ligature points on all the wards, including older people's wards. The trust had recently removed wardrobe doors across all older people's wards to reduce the ligature risk. However, this had not been individually assessed and some patients expressed dissatisfaction about this, particularly on Beech Unit where some patients of the same sex shared a room or used their bedrooms to meet visitors.
- Belvedere and Rougemont had access to a shared extra care area. Beech Unit and Meadow View had access to the acute ward facilities for seclusion, if required, although this meant accompanying patient's along corridors and using lifts or stairs to reach the facility. The shared facilities not been used since March 2016. The trust had estimated plans for the development of extra care areas due to be implemented in the spring 2017.
- All the ward areas were clean, airy and well maintained. Furniture was in good condition.
- Patient-led assessments of the care environment surveys asked people about the cleanliness, condition, dementia friendliness and disability facilities in the environment. North Devon Hospital where Meadow View ward was located scored worse than the England average for cleanliness with 97% and 93% for condition, appearance and maintenance. Torbay Hospital where Beech Unit is located scored better than the England average for all four categories. The overall scores were similar to the England average with the exception of 'dementia friendly' which was significantly above the England average of 75% at 81%.
- Clinical waste bins were in use for the appropriate disposal of waste. Staff showed awareness of the importance of hand hygiene and infection control. A patient was barrier nursed on Belvedere ward. Staff followed procedures to minimise the spread of infection.
- Cleaning records for clinics and the general ward environments showed staff cleaned all areas at least daily. Patients and relatives commented that the all the wards were always very clean.
- At the previous inspection, there was no regular checking of all portable alarm systems to ensure they worked. During this inspection, we found that there were regular checks of the portable alarm systems to ensure that batteries were working. All the wards had nurse call systems and the staff had alarms that alerted staff on the ward and on neighbouring wards.

Safe staffing

- Since our last inspection the trust had completed a 'safer staffing' review. Franklyn hospital had recruited a new manager so there was a manager on both wards.
- However, high vacancy rates were still an issue on older people's wards. Wards continued to use bank staff and agency, if bank staff were not available, to cover shifts in order to meet safe staffing levels.

Are services safe?

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

- There were 200 shifts filled by bank staff and 118 with agency staff in the previous twelve months. In this 12 month period a total of 30 shifts had not been filled. A recent sample of the duty roster on each ward found that wards were able to fill shifts when there were gaps.
- Some of the wards had been unable to recruit and retain new staff, such as Belvedere and Meadow View. There were 16 full time nurse vacancies across older people's inpatient wards, which represented nearly a third of the nursing staff. There was a particular shortage of band 5 nurses. The trust was actively recruiting and had recruited creatively. For example, recruiting occupational therapists to band 5 positions such as on Belvedere.
- Meadow View had the highest vacancy rate where the provider had also not been able to recruit a full time consultant psychiatrist. Belvedere had changed their skill mix in order to work with the high number of vacancies.
- The ward manager for Beech Unit was the only team in older people's services and inpatient services to consistently have no vacancies. This team had been short listed and won awards for their working practices and teamwork. The ward worked closely with the local university and trained staff were all mentors to support students and preceptors.
- Staff gave mixed feedback about staffing levels with some saying they were adequate and others saying they were not. The high vacancy rates put staff under particular pressure on Belvedere and Meadow View. Patients and relatives commented that staff were sometimes too busy and it seemed like there were not enough staff at times.
- All the wards made an effort to use agency staff familiar with the wards. On all the wards, substantive staff filled shifts where possible. Wards regularly used bank staff that were familiar with the wards. When the wards employed agency staff, some were booked for an extended period to ensure continuity of care for patients.
- Ward managers reported that they managed their staffing levels and could adjust them to take account of case mix. The wards could increase their staffing to allow for patients on high observations or if acuity and risk was increased.
- The sickness rate for the service for the past 12 months was 5%, which was the trust average. Rougemont had the highest sickness rate with 6.4%. Ward managers actively monitored absence due to sickness.
- The percentage of staff that had left older people's inpatient services in the past 12 months was 13.5%, which was higher than the trust average of 11%. Belvedere ward was the only ward in the county that supported complex care and dementia had the highest rate of staff leavers with 18% of staff having left in the last 12 months.
- All wards ensured there was at least one experienced nurse on duty at any one time. Newly qualified preceptor nurses did not work unsupervised, in accordance with trust policy.
- Staff told us patients had access to one-to-one care. The service supported 'intentional rounding' which meant patients were each approached an agreed number of times per shift by a member of staff to ask them how they were and if they needed anything.
- Teams could usually support escorted leave and ward activities. Wards had dedicated staff to support activities. Nurses and healthcare assistants told us there were times when patients could not always have escorted leave because of short staffing. The wards also cancelled or delayed activities due to staff shortages.
- Staff did not make us aware of any occasion when there were inadequate staffing levels to carry out physical interventions. Staff used alarm systems to summon assistance from neighbouring wards if needed.
- There was adequate medical cover day and night and a doctor could attend the ward quickly in an emergency. Doctors were available on weekdays and outside these hours; there was an on call system.
- Ward managers were up to date with booking staff that had been off sick on to training courses and there were waits for some courses such as basic life support. However, staff in older people's inpatient services were meeting the compliance rate of 90% or above for mandatory training.

Assessing and managing risk to patients and staff

- Wards reported that the implementation of four steps to safety programme in partnership with another NHS trust on three of the four wards had led to a reduction in incidents. The wards that we visited were calm and staff were managing individual risks.

Are services safe?

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

- Wards reported no episodes of seclusion and restraint between 1 March and 31 August 2016.
- Staff were skilled and trained in de-escalation. Meadow View and Beech Unit had very low episodes of restraint with less than five episodes of restraint involving three patients.
- There were 53 incidents of restraint involving 21 different service users between 1 March 2016 and 31 August 2016. This was similar to our previous inspection when we found there were 51 incidents of restraint involving 24 patients.
- There was one episode of prone restraint on Rougemont ward. This was to administer rapid tranquilisation and was for less than one minute and staff reported this as an incident. Staff reported the use of prone position to the executive team and the quality and safety committee. Training still included how to use prone restraint in exceptional circumstances and that staff must always document and report this. Staff were aware that they must move patients from the prone position as quickly as possible.
- We looked at 17 care and treatment records. Risk assessments were up to date and staff reviewed them regularly. A range of risk assessment tools were used, including the 'four steps programme' used to predict violence and aggression. However, only Beech ward consistently recorded detailed risk assessments that included historic risk and the quality and detail of individual risk assessments was variable on Belvedere and Meadow View.
- Some blanket restrictions were in use to ensure a safe ward environment. For example, items that could pose a risk to people's safety such as lighters, drugs and alcohol were not permitted on the ward. Staff locked lighters away with patients' cigarettes. Patients could request them once an hour. The wards followed this in order to limit the disruption to the therapeutic programme and to support patients to reduce the number of cigarettes they smoked. This could be a blanket restriction, as it was not individually assessed. However, staff gave examples of where this had been individually reviewed. For example, if it was detrimental to the patient and cause them distress, they would not follow the blanket rule.
- All the wards were locked wards. Informal patients could go out on request. There was a procedure for patients leaving the ward that included a welfare check. Patients we spoke with were aware that they would speak to staff if they wished to leave.
- In the previous inspection, all the wards except Beech had routinely prescribed rapid tranquilisation. We followed this up on this inspection by reviewing medication records and speaking with doctors and nurses. Rapid tranquillisation was only prescribed when it was indicated and not written up in blanket way. Rapid tranquilisation included oral medication and depots of antipsychotic medicines were prescribed in accordance with national good practice guidance.
- At the last inspection, staff had not monitored a patient in line with their seclusion policy and MHA code of practice when using the seclusion facilities in North Devon and at Franklyn Hospital. Some seclusion and segregation facilities were not meeting the MHA code of practice on seclusion and segregation. The provider had subsequently met these requirements and staff managed seclusion in line with local policy and national guidance. Franklyn Hospital did not use the extra care area for seclusion. Plans were in place to develop extra care facilities on each ward where de-escalation could take place and staff could nurse patients in a safe and appropriate environment.
- There had been no recent episodes of seclusion or long-term segregation.
- Most staff had completed training in safeguarding across the core service and 98% of staff had completed recent safeguarding training. Staff mainly knew how and when to make a safeguarding alert. Staff recorded safeguarding alerts as incidents on the risk management system. There were opportunities to discuss safeguarding concerns in ward rounds and other staff meetings although it was not a standing agenda item. Staff made alerts to the local authority by telephone or contacted the safeguarding lead at the trust.
- However, there was some confusion about when to make a safeguarding alert on Meadow View. For example, where a patient had capacity. We asked the ward and the trust safeguarding team to review this so that staff would always make safeguarding alerts when required and not depending on the capacity of the potential victim. The trust confirmed they had done this during our inspection.

Are services safe?

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

- There were good medicines management practices on the wards. Pharmacists visited each ward weekly and attended meetings with staff. There were medicines management link practitioners on each ward. Pharmacists undertook regular audits and checks including a quarterly audit of controlled drugs. The trust had up to date policies on medicines management.
- Wards had safe procedures for children visiting the wards. Wards asked families to ring in advance so that staff could book rooms to safely accommodate children. At Franklyn Hospital, Rougemont and Belvedere shared a family room, which included activities for children. Meadow View shared a family room off the ward with the acute wards at North Devon Hospital.

Track record on safety

- Between October 2015 and September 2016, the trust reported five serious incidents requiring investigation.
- Two of the five of the incidents were for slips/trips/falls, the other incidents investigated were pressure ulcers meeting serious incident criteria and disruptive behaviour meeting the serious incident criteria. Belvedere and Rougemont wards both reported two each, followed by Meadow View with one. There were no serious incidents on Beech Unit.

Reporting incidents and learning from when things go wrong

- Staff we spoke with had a good understanding of incidents that they should report and gave examples. Staff used the electronic recording system to record incidents and there was evidence of staff updating care records in response to incidents.
- Staff told us they received feedback about learning from incidents through staff meetings and supervision. Staff discussed incidents in staff business meetings and were advised on any changes they needed to make in response to learning from incidents. The trust used weekly bulletins to enable learning across all the wards. There were also countywide learning from experience meetings.
- Staff told us they were debriefed when things went wrong through meetings and supervision. However, some staff commented that this did not always take place as soon as they were needed which meant that staff did not always feel supported after an incident.
- There was a culture of reporting within older people's inpatient services.
- Staff received newsletter bulletins about duty of candour and when it applies. Staff understood the importance of being open and honest and explaining to patients and relatives when things go wrong.

Are services effective?

Good 

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

Our findings

Assessment of needs and planning of care

- We reviewed 17 care records across all four wards. All patients had received an assessment with a psychiatrist shortly after admission. Care records showed patients had physical examinations on admission in all cases that there was ongoing monitoring of physical health problems.
 - The care plans we reviewed were up to date, individual and recovery orientated. All records across older people's services showed evidence of multi-disciplinary review. There were good examples of personalisation, for example on Belvedere ward. Staff had obtained detailed records from relatives so that staff could understand and support individual care. However, information had not been included in the care plan so it appeared that the information collected about individuals had not always been fully utilised.
 - All information needed to deliver care was on an electronic records system, which all clinical staff could access.
 - When we inspected in 2015 we found that patient information recorded on white boards were visible from outside the office at times and the side panels of the boards were not always used. This had improved and the trust had ensured that information on white boards in ward offices was not visible to patients or ward visitors. Belvedere had repositioned their whiteboard so that it was less visible through office windows. Staff on all three wards that had whiteboards used the side panel shutters to protect patient information. On Beech ward's interactive white board, a special film had been fitted on the window to the ward office so that information on the interactive white board could not be seen outside the office.
- There was good access to physical health care. The trust had a physical health monitoring policy and tools to observe changes. For example, the Modified Early Warning Signs tool. Care plans included nutrition and hydration needs where clients needed support.
 - Older people's wards offered some access to psychological therapies recommended by NICE. However, staff reported that the shortage of permanent qualified nursing staff and shortages in psychology had meant that there was a lack of psychosocial interventions for some patients. For example, the service was not able to offer a full range of individual and group psychological interventions to all patients.
 - There were occupational therapists and psychology assistants and activities coordinators providing group and individual support. Groups we observed appeared more recreational than therapeutic. This was raised as a concern by carers that opportunities were missed to explore feelings within groups.
 - Staff used a variety of scales and pro-formas to assess patients. All patients were clustered using the 'mental health clustering tool'.
 - The trust had a comprehensive clinical audit programme. Wards for older people participated in the ongoing clinical audit programme, which included infection control, essence of care, medication and prescribing. Managers completed a care records audit on two random patients per week using a quality-monitoring tool that rated the completion of care records.

Skilled staff to deliver care

- A range of staff including occupational therapists, pharmacists, psychiatrists, nurses and health care assistants staffed the older people's wards. However, the service had difficulty recruiting nurses, particularly on Meadow View and Belvedere. On Meadow View there was also a band 6 vacancy. There were gaps in psychology on some of the wards, which meant that there was not a full contribution to the multi-disciplinary team meetings. For example, on Belvedere. The trust was aware of these gaps and had recently recruited to psychology so that at there was more equitable cover across Devon. An occupational therapist had joined the ward team at Belvedere where that had been difficult in recruiting trained nurses to the band 5 vacancies and was an example of creative recruitment to fill essential gaps.

Best practice in treatment and care

- We reviewed 17 care records across all four wards and spoke to psychiatrists and psychologists about group and individual treatment and prescribing.
- Psychiatrists referred to the National Institute for Health and Care Excellence (NICE) guidance in prescribing. The trust had prescribing guidelines on violence and aggression: short-term management in mental health, health and community settings, which staff followed.

Are services effective?

Good 

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

- At the previous inspection in 2015 there had been difficulty recruiting medical staff to the team at Meadow View and the service had frequent changes of locum staff. When we re-inspected there was still difficulty recruiting permanent medical staff but there was a long-term locum in place who was familiar with older people's services.
- Older people's services were compliant with non-medical appraisal and had reached the trust target of 90% as at December 2016. All medical revalidation was up to date.
- Management supervision took place and older people's ward were compliant with the trust target of 90% for staff supervision. However, we reviewed 12 staff records across all the wards and most staff were not supervised monthly on a one to one basis.
- Staff were supervised through access to regular recorded ward meetings. These meetings included discussion of patients and counted towards their supervision target. Most wards had a system of one to one supervision where staff supervised a small group of junior staff that were junior to them, with the exception of Meadow View. On this ward, the manager supervised all the trained staff and the deputy supported all the health care assistants.
- Some staff did not feel supported by this process and there was lack of access to professional clinical supervision including input into appraisals.
- There was a comprehensive standard local induction that was completed by all staff including bank and agency staff.
- Ward managers and senior managers were confident they managed staff performance promptly and received the necessary support with this.

Multi-disciplinary and inter-agency team work

- We attended three handover meetings on the wards. Staff planned handovers and discussed risk. There were additional smaller handover meetings in the morning, which were focused and well planned.
- The service had recruited an admission and discharge coordinator at Belvedere to support early discharge. The admission and discharge coordinator and social worker attended weekly planning and recovery meetings. The wards liaised closely with community mental health teams and the crisis team. Independent Mental Health Advocates attended the wards regularly and supported the ward reviews.

Adherence to the Mental Health Act and the Mental Health Act Code of Practice

- A central team provided administrative support and legal advice on implementation of the Mental Health Act and its Code of Practice. The Mental Health Act office held and checked detention papers. All staff we spoke with knew how to access support and guidance from the team.
- We reviewed records of leave for detained patients. These were in order and the parameters of leave granted were clear. The Mental Health Act administrators provided support and guidance with legal paperwork.
- Records showed evidence that staff had followed consent to treatment and capacity requirements.
- Evidence in care records of patients having their rights explained under the Mental Health Act was in place.
- Training in the Mental Health Act was not mandatory but the trust recommended it for new preceptors and trained staff. Fifty-six staff were eligible for the course and 37 were up to date with the training. The overall compliance rate for Mental Health Act training across this core service was 66% against the trust target of 90%. Meadow View had the lowest compliance rate with 33% of staffing having completed recent Mental Health Act level 2 training. However, the mental health act office also provided additional training to groups of staff, which was not included in the training compliance figures. Some staff had received recent face-to-face training.
- The mental health act team completed audits on the application of the Mental Health Act.

Good practice in applying the Mental Capacity Act

- In the last 12 months, the overall compliance rate for the Mental Capacity Act/DoLS training course for older people's wards was 94%, which was above the trust target of 90%. Rougemont attained 100% compliance for completing mental capacity act training.
- Staff demonstrated a good understanding of the Mental Capacity Act 2005. Staff considered capacity in the course of their work. However, there was sometimes confusion about capacity in relation to when to make a safeguarding alert on Belvedere.
- We reviewed 14 Treatment Escalation Plans. These were individual and clearly set out how the decision-making process regarding the person's capacity was made.

Are services effective?

Good 

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

- Staff understood the fluctuating nature of capacity. Most qualified staff could describe the five statutory principles of the Mental Capacity Act.
- There were essential practice summary guides that included mental capacity, which staff referred to, and all the wards had these available. The policy on Mental Capacity Act including DoLS was available on the staff intranet for staff to refer to.
- There were 33 DoLS applications made in the six months between April and October 2016, most of these were raised from Belvedere ward with 24 applications made. Staff knew where to get advice regarding Mental Capacity Act, including DoLS, within the trust.

Are services caring?

Good 

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

Our findings

Kindness, dignity, respect and support

- Patients told us that staff treated them with dignity and respect. We were told that staff were kind and respectful. Staff knocked on doors before they entered bedrooms. Patients and carers praised staff for their kindness and care. Patients told us that they felt safe.
- The 2016 patient-led assessments of the care environment assessment scores in relation to privacy, dignity and well-being was 91% for North Devon Hospital which included Meadow View was above the England average of 88%. The 2016 score for Torbay Hospital, which included Beech Unit, was 86%.
- All the wards we visited had a calm atmosphere and staff we observed were caring and supportive towards patients and relatives. On Belvedere ward where we could not speak to people due to their mental frailty, we observed care using a short observational framework for inspection observation. We observed care being given during the morning, over lunch and saw that people were treated with kindness and compassion. Observations of staff attitudes and behaviours when interacting with patients were responsive and respectful. Staff provided appropriate practical and emotional support.

The involvement of people in the care that they receive

- All wards had welcome packs for patients and carers. Welcome packs were written in plain English and included pictures.
- When we visited Rougemont there was a carol concert attended by carers and patients from Rougemont and Belvedere. Carers were complimentary about the care their relatives received. Most carers felt very involved in their relatives care. Carers from other wards also commented positively about involvement.
- There was evidence of involvement in care. Carers were involved in the care. On Belvedere carers were given copies of care plans and were encouraged to complete detailed information about their relative to support the care. This was scanned into the electronic records. Staff were involved in the triangle of care involving carers in their relative's care and there were regular meetings, for example on Meadow View.
- Rougemont had a carers' board and the ward manager carried a mobile phone for carers to call for carer advice, including out of hours.
- There was access to advocacy on each ward.

Are services responsive to people's needs?

Good 

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

Our findings

Access and discharge

- Average bed occupancy from April and September 2016 was 95%. Beech Unit had 100% occupancy in that period. Bed occupancy was a key risk for the trust and for older people's services. Beds were frequently used when patients went on leave, which meant that there were occasions when beds had not been available when patients returned. Staff described this as very regular but there was no system to monitor and record the number of leave beds being used. Managers felt able to voice their concerns when patients were admitted into leave beds but were aware that the safer staffing and bed capacity team could ultimately override them in some circumstances if the trust needed to admit a patient to a leave bed. The trust recognised the high demand for beds in this core service.
- There were three out of area placements between April and September 2016. There were 24 readmissions within 90 days reported by the trust in the same period across all four wards. Beech and Meadow View both accounted for most of the readmissions within 90 days with eight followed by Rougemont ward with seven.
- Discharge was often delayed for reasons other than clinical. This was particularly the case on Belvedere ward. During the same period between April and September 2016, there were 62 delayed discharges across the trust. Belvedere ward had the most delayed discharges with 33, followed by Rougemont ward with 14. This was due to shortage of on-going placements for patients particularly patients leaving Belvedere ward. There was an admission and discharge coordinator on Belvedere ward, who worked with a local authority social worker to help support and coordinate discharges.
- The environment at Belvedere was spacious and well laid out for patients with clear signs for bathrooms. However, there was no other signage for patients that were dementia friendly.
- Patients and relatives commented positively on the facilities. There were quiet areas and space for activities. Some wards had less space, for example, Beech Unit. However, wards had costed and agreed formal plans to provide additional space for extra care and quiet space. This was due to take place in the spring of 2017.
- Patients could make calls in private and wards could transfer calls to a hands-free phone for patients to talk in private. Patients could also use their mobile phones.
- Most patients commented positively about the quality of the food. The 2016 patient-led assessments of the care environment scores for food quality found that North Devon hospital and Torbay hospital where Meadow View and Beech Unit scored just below the England average of 88% for satisfaction with food quality. However, this result also includes other wards. Franklyn hospital had a higher than average score for food quality with 94% of patients on Rougemont and Belvedere expressing satisfaction with food.
- Wards had provided snacks so that patients could access food at times other than set meal times. There was access to hot drinks and snacks on all wards. For example, on Belvedere ward staff supported patients to wake up naturally and have breakfast later if they woke up later. On Meadow View staff provided specific snacks and meals for patients that were set out in their care plan.
- Patients were able to personalise their bedrooms and we saw examples of this, such as pictures and photographs in some rooms.
- There were lockers available for patient use in the ward area although patients did not have personal lockable space in their rooms. Each bedroom was lockable although patients did not have access to keys.
- There was access to activities; including at weekends and we saw a range of activities during our inspection week. There were music, art and pet therapy groups for example. We saw that each ward had planned activities, run by occupational therapy staff and activity staff.

The facilities promote recovery, comfort, dignity and confidentiality

- Most wards had the full range of rooms and equipment to support treatment and care. For example, each ward had well designed courtyards providing open access to outside space. The facilities at Franklyn Hospital also included Belvedere ward's sensory garden, a well-appointed activity and visitor's room shared between Belvedere and Rougemont wards.

Meeting the needs of all people who use the service

- The wards were purpose built and all were accessible for wheelchair users. There were male and female

Are services responsive to people's needs?

Good 

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

assisted baths. All the wards were on the ground floor except Meadow View, which had accessible lifts to the ward. The ward was on one level with full disabled access.

- There was limited information available in languages spoken by people who use the service other than English, which largely met with the make-up of the population. However, the wards could provide information in a range of languages and access to interpreters as needed.
- There was provision of information displayed such as local services and examples of well laid out display areas of recovery information on the wards.
- There was provision of accessible information on treatments, local services, patients' rights, and how to give feedback or complain.
- There was choice of food to meet dietary requirements of religious and ethnic groups, with dietary choices available to order.
- Patients could access spiritual support as the pastoral team visited each ward. There was access to multi faith rooms at each site.

Listening to and learning from concerns and complaints

- Complaints on older people's wards were low. In the 12-month period from October 2015 to September 2016, older people's inpatient services received a total of five

complaints. The complaints were about the care or treatment received. Two of these were upheld. In the same period, the service received 38 compliments about the care and treatment received.

- All the wards provided mechanisms to feedback and comment and complaint through friends and family tests and comments boxes. There were also regular ward meetings for patients, which was another route to comment and complain. Patients on Beech Unit had complained about the decision of the trust to remove wardrobe doors without an individual risk assessment.
- Ward welcome packs included information on how to comment or complain and there were patient advice and liaison services leaflets and trust leaflets inviting patients and carers to give feedback. One carer and one patient told us that they did not know how to complain although they added that they did not have any complaints.
- The friends and family test had been adapted on Beech Unit to add more questions about the care provided. We reviewed six recent forms, which were all very positive.
- There was a culture of learning from complaints in the trust. A quarterly management workshop took place to share incidents and learning and there were briefings on the trust intranet system. Ward meetings included outcomes and learning from complaints. The older persons directorate held monthly 'learning from experience' groups where learning points from complaints were disseminated to ward teams and reported to the directorate governance board.

Are services well-led?

Good 

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

Our findings

Vision and values

- The trust's vision and values were displayed on notice boards and on news bulletins. Most staff were aware of the trust's values and agreed with these. Staff told us that they received regular bulletins and newsletters.
- Staff were aware of the transformation programme and the direction of the trust. Some staff had attended staff team building days where the visions and values of the trust were discussed.
- Staff know who the most senior managers in the organisation were and told us that these managers had visited the wards recently. Managers described having had good support from senior management.
- Older people's services were led by four clinical directors and a head of practice who was accountable to the chief executive. There was also an older person's manager to support the ward managers. The director of nursing had worked a shift on older people's wards. There was a timetable of regular visits from the executive team to all the wards. Despite this, some staff did not feel that there was a regular senior management presence on the wards.

Good governance

- All the older people's ward managers were experienced staff who understood their service well.
- Systems were in place to monitor supervision, training and appraisals.
- The safer staffing team managed and monitored staffing. The trust recognised staffing as the top risk for the older people's inpatient services. Managers were supported by a senior manager for older people's services.
- There were monthly reports providing staff teams with key performance indicators that were aligned to older people's services. This included information about sickness, training and supervision. We saw that this was readily accessible to the managers.
- Dedicated administration staff supported all four wards. The ward managers on both wards felt that they had sufficient authority to fulfil their roles. However, managers did not always feel that they had the sufficient authority to refuse an admission, for example into a leave bed.

- Systems to manage supervision and appraisal were not sustainable. Managers were working additional hours to complete appraisals. Supervision monitoring focused on managerial supervision and did not always include clinical supervision. In October 2016, none of the older people's wards were compliant with the trust's target of 90% of clinical staff to receive clinical supervision in the last 60 days. The lowest was Belvedere where only 54% staff had received clinical supervision. This was where the skill mix of trained and untrained was lower due to the high vacancy rates, so was a particular risk.

Leadership, morale and staff engagement

- Ward managers with the support of the senior manager and human resources monitored sickness and absence rates.
- There was no reported bullying or harassment cases and staff told us that they knew how to whistle blow and were confident to do so.
- Staff were able to raise concerns and there was a culture of reporting incidents in an open and transparent way. The trust had introduced an 'always event' with a commitment to openness for staff to say if they were concerned or uncomfortable about anything. Staff we spoke with were aware of this.
- However, opportunities for leadership development of staff were limited, particularly at Meadow View where there was only one deputy manager and Belvedere where there were less qualified staff to cover the long term vacancies.
- There were team issues on Meadow View where there was a vacant locum consultant post, a vacant deputy manager post and other vacant posts. Morale was adversely affected on Meadow View and Belvedere. This also had an impact on Rougemont where staff were often required to support Belvedere with gaps in staff cover.

Commitment to quality improvement and innovation

- Older people's service did not participate in Accreditation for Inpatient Mental health Service schemes. However, the services demonstrated commitment to quality improvement and innovation.
- Meadow View and Belvedere had introduced the four steps to recovery programme and the other wards were rolling this out.

Are services well-led?

Good 

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

- All the wards held patient friendly recovery meetings that were one to one, rather than a large group of multi-disciplinary staff which patients preferred. This practice was introduced on Beech ward three years in response to patient feedback and had been rolled out to all the wards.
- The Beech Unit team consultant had designed and implemented a bespoke electronic whiteboard, which won a digital health award in 2016 and an outstanding ICT achievement award. The ward team worked together to use the interactive screen to support and assist them in providing safe care. The board has visual symbols to assist the team with care. For example, if observations were due the symbol would turn red. Staff used this for handover and other team communications. There were plans to develop this further so that it links to the trust care note systems and roll it out to other teams.
- The Beech Unit team had nominated the ward manager for special qualities and the whole team had been nominated for a Health Service Journal inspiration award.
- Belvedere ward was shortlisted for the 2016 Alzheimer's society dementia friendly award.
- The trust celebrated achievement for its staff teams with an award system. The Beech Unit manager had won this in 2015 and won the category for inspiration in 2016 for embedding positive teamwork and ensuring voices of patients and staff were heard.