

# Dorset Healthcare University NHS Foundation Trust

## Inspection report

Sentinel House, 4-6 Nuffield Road  
Nuffield Industrial Estate  
Poole  
Dorset  
BH17 0RB  
Tel: 01202 277000  
www.dorsethealthcare.nhs.uk

Date of inspection visit: 14th November 2017 to 6th  
December 2017  
Date of publication: 13/04/2018

We plan our next inspections based on everything we know about services, including whether they appear to be getting better or worse. Each report explains the reason for the inspection.

This report describes our judgement of the quality of care provided by this trust. We based it on a combination of what we found when we inspected and other information available to us. It included information given to us from people who use the service, the public and other organisations.

This report is a summary of our inspection findings. You can find more detailed information about the service and what we found during our inspection in the related Evidence appendix.

## Ratings

### Overall rating for this trust

Good 

Are services safe?

Requires improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

We rated well-led (leadership) from our inspection of trust management, taking into account what we found about leadership in individual services. We rated other key questions by combining the service ratings and using our professional judgement.

# Summary of findings

## Background to the trust

Dorset Healthcare University NHS Foundation Trust (DHUFT) provides a range of services to the population of Dorset including integrated community health and mental health, specialist learning disability services, community brain injury services and community hospitals. Most of the Trust's services are provided in the local communities, in people's homes, community hospitals or in local centres. The services are delivered by locally based integrated health and social care teams. The Trust also provides specialist assessment and treatment inpatient centres.

Community health services encompass: district nurses, health visitors, school nursing, sexual health promotion, safeguarding children, diabetes education, audiology, speech and language therapy, dermatology, podiatry, orthopaedic services, wheelchair services, anti-coagulation services, pulmonary rehab, early discharge stroke services, Parkinson's care, community oncology and breastfeeding support services, end of life care, health visitors, community hospitals, community pain service, musculo-skeletal service and bladder and bowel service. Palliative care is provided within and across community and inpatient services.

The Trust headquarters is in Poole and it serves a population of almost 700,000 people across the county of Dorset and in Southampton. The Trust achieved foundation Trust status on 1st April 2007.

The Trust has a total of 516 inpatient beds across 18 locations. These include mental health inpatient beds and community hospitals.

The Trust has a workforce of 5,630 staff with an income in 2017/18 of approximately £244m million and an expenditure of £242m

In 2010, the Trust gained University status having already established a collaborative university department of mental health with Bournemouth University. The Trust also has active relationships with Southampton University and St. Loyes School of Occupational Therapy – Exeter.

In 2012, following the introduction of clinical commissioning groups; the Trust took over services previously provided by Dorset PCT and Bournemouth and Poole PCT, which included community health services and community hospitals.

At our last comprehensive inspection in June 2015, we rated the Trust as requires improvement. A number of the Trust's core services were not meeting essential standards - including community mental health services for adults of working age older people, and community health services for children, young people and families. We also had concerns about urgent care services delivered from the Trust's minor injuries units at that time. These formed the focus of a large follow-up inspection March 2016, when we visited 25 locations. At the 2016 follow-up inspection, we saw evidence that the Trust was on a clear journey of improvement, and four of the seven core services inspected were re-rated from requires improvement to good.

There had been a number of changes in senior leadership at the Trust since 2011. The current chief executive came into post in autumn 2013; following which a new executive team was appointed. There had been recent restructuring of the executive team, aligned to a structure of three service directorates. A clinical strategy had been agreed by the Trust Board. The Trust's Board had also recently been strengthened, with newly appointed non-executive directors who had brought additional skills and experience from a diverse range of clinical and non-medical backgrounds.

In April 2017 the Trust removed prison healthcare from its registration, and also removed references to a palliative care team and diabetic retinal screening. From November 2017, the Trust no longer provided its substance misuse service.

# Summary of findings

## Overall summary

Our rating of this trust improved since our last inspection. We rated it as **Good**  

## What this trust does

Dorset Healthcare University NHS Foundation Trust provides mental health and community health services across Dorset. Most of the Trust's services are provided in the local communities, in people's homes, community hospitals or in local centres. The services are delivered by locally based integrated health and social care teams. The Trust also provides specialist assessment and treatment inpatient centres.

## Key questions and ratings

We inspect and regulate healthcare service providers in England.

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well-led?

Where we have a legal duty to do so, we rate the quality of services against each key question as outstanding, good, requires improvement or inadequate.

Where necessary, we take action against registered service providers and registered managers who fail to comply with legal requirements, and help them to improve their services.

## What we inspected and why

We plan our inspections based on everything we know about services, including whether they appear to be getting better or worse.

We plan our inspections based on everything we know about services, including whether they appear to be getting better or worse.

We inspected eight mental health core services and three community health core services.

Our comprehensive inspections of NHS Trusts have shown a strong link between the quality of overall management of a Trust and the quality of its services. For that reason, all Trust inspections now include inspection of the well-led key question at the Trust level. Our findings are in the section headed Is this organisation well-led?

## What we found

### Overall trust

Our rating of the trust improved. We rated it as good because:

- We rated effective, caring, responsive and well-led as good. We rated safe as requires improvement. Our rating for the Trust took into account the previous ratings of services not inspected this time.
- We rated well-led at the Trust level as good. The senior team had led a very effective programme of improvement which had resulted in the majority of issues we had identified in our previous inspection being addressed.
- The trust's senior leadership team had the skills, knowledge, experience and integrity necessary for successfully overseeing a large, complex organisation.

# Summary of findings

- We saw evidence of some excellent leadership at all levels across the trust with many dedicated, compassionate staff who were striving to deliver the very best care for patients.
- Communication across the Trust had improved with the Board and senior managers being more visible to staff. There was also a noticeable improvement in the culture across the Trust, with increased openness and transparency and a clear desire in staff at all levels to learn and improve.
- Staff within the services inspected were generally providing safe, effective, compassionate and kind care to patients.

However:

- We rated safe as requires improvement. We identified a number of issues, some new and others on-going, primarily in relation to the safety of patients and staff at a smaller number of services. We require the Trust to take action to address those issues and will request an action plan from them to identify clearly how they will do so.

## Are services safe?

Our rating of safe stayed the same. We rated it as requires improvement because:

- There were a number of specific practices in theatres that needed to improve to ensure the safety of patients. This included complying with all appropriate guidance, such as the World Health Organisation's checklist 'Five Steps to Safer Surgery'.
- We identified a number of remaining concerns in relation to the safety of the environment on some of the wards visited. This included ligature points on some of the acute mental health wards which had not been identified or mitigated effectively.
- We identified a number of specific concerns in relation to the safety of patients and staff at a smaller number of services inspected. In particular, we identified a number of concerns in relation to the governance and capacity of the county-wide S136 service, which could potentially impact on the safety of staff and people using the service.
- We found that medicines were not always being managed in a safe way at a small number of services inspected.
- There were staffing vacancies at some of the services inspected. At a small number of specialist community mental health services for example, vacancies had contributed to higher staff caseloads and staff felt this impacted on their ability to deliver care safely.

However:

- The majority of staff across services had completed an appropriate level of training in safeguarding, and staff that we spoke with understood their safeguarding responsibilities.
- There was openness and transparency about safety, and continual learning was encouraged. Staff were supported to report incidents, including near misses.
- The Trust had taken clear steps to improve the safety of the environment at many of the services inspected. Inpatient wards were generally clean, tidy and well-maintained.
- Staffing levels at most of the services we inspected were now at or close to establishment levels.
- Pebble Lodge was an excellent example of positive risk taking that had been shown to improve care for children and young people. For example, the team had opened up areas of the ward previously locked to children and young people and as a result had a reduction in restraint. Staff were safe in their practice by risk assessing the young people admitted and the environment they were admitted to. Risk documentation was comprehensive and up to date; staff ensured that the risk assessment process was collaborative with the young person.

# Summary of findings

- Staff in the mental health crisis teams monitored risk closely and were able to respond quickly to service users when concerns escalated.

## Are services effective?

Our rating of effective improved. We rated it as good because:

We took into account the previous ratings of services not inspected this time. We rated effective as good because:

- *Care was planned and delivered in line with evidence-based guidance, standards and best practice at many of the services we inspected.*
- Staff were using relevant legislation, as well as national guidance to provide care to patients. We spoke with staff that were knowledgeable about the Mental Health Act and the Mental Capacity Act and saw in the patient records that these legislations were being followed.
- Staff received annual appraisals and regular supervision, which helped them to maintain and further develop their skills and experience.
- We saw there was clear focus on supporting both the physical and mental health of patients, regardless of whether the service they were accessing was primarily for their physical or mental health needs. Staff found innovative ways to enable people to manage their own health and care.
- We saw good provision and practice in the use of psychological therapies across many of the Trust's mental health services. This corresponded to a strong focus Trust-wide on patient recovery.
- We saw evidence of effective multi-disciplinary and multi-agency working at all of the services inspected.

### However:

- There was a lack of therapeutic input on one of the acute mental health wards. While the wards had a good timetable of activities, the activities available were generally recreational and did not support patients' recovery to their fullest potential.
- We found variation in the quality of care plans and patient records across services. Care plans at some of the services inspected contained insufficient patient information, for example, while others were not written in a sufficiently person-centred style to reflect the involvement of patients in planning their own care.

## Are services caring?

Our rating of caring stayed the same. We rated it as good because:

We took into account the previous ratings of services not inspected this time. We rated caring as good because:

- We spoke with many patients and relatives who gave positive feedback about the care and kindness received from staff. We observed that staff treated people and their families with compassion, kindness, dignity and respect.
- Patients on all of the inpatient wards were complimentary about the staff and told us they were treated with dignity, respect and kindness. At Pebble Lodge in particular, we received unanimously positive reports about the staff from both children and young people and their parents or carers.
- Patients' views were sought and changes were made to services following their feedback. We saw good examples of how patients were involved in planning and developing services to better meet their own needs.

## Are services responsive?

Our rating of responsive improved. We took into account the previous ratings of services not inspected this time. We rated it as good because:

# Summary of findings

- Services had a good range of rooms and equipment available, including space for consultations, therapeutic activities and treatment.
- Services were able to respond to meet the needs of people of different ethnic origins and cultures through providing information in different languages, accessing interpreter services and meeting specific dietary needs. Appropriate adjustments had been made to physical environments to meet the needs of physically disabled people.
- The services used investigations of complaints and concerns to inform improvements. Staff were able to hear, and respond to patients' feedback in a number of ways. We saw that there was a robust structure to support patients to feedback on the care they were receiving and pass on any concerns or complaints they had.
- We saw powerful examples of how specific services were responsive to people's different and individual needs. The Trust's end of life care service, for example, showed just how staff went above and beyond expectations to ensure people's exact wishes at their end of life were met. Similarly, the inpatient CAMHS service at Pebble Lodge put focus on making sure young people were part of the community and also provided young people with a wide range of activities, both of which supported their recovery.
- Community teams were generally meeting the Trust's referral to assessment and assessment to treatment targets, and all services were able to respond quickly to urgent referrals.

However:

- There was a lack of appropriate activities on a number of the acute mental health wards, which meant patients' recovery was not supported to the fullest potential on those wards.
- Staffing vacancies in the specialist community mental health service for children and young people teams meant that long waiting times from assessment to treatment continued at that service. Similarly, access to some specialist treatments, for example speech and language therapy, was sometimes delayed due to staff shortages in the community mental health services for people with learning disabilities or autism.
- There was not sufficient staff or capacity at the health based place of safety to manage more than one or two patients detained on section 136 without using rooms not designed for the purpose. The facilities available did not effectively support the comfort, privacy and dignity of patients detained on section 136.

## Are services well-led?

Our rating of well-led improved. We rated it as good because:

- The Trust's senior leadership team had the skills, knowledge, experience and integrity necessary for successfully overseeing a large, complex organisation. The Trust's Board had recently been strengthened, with newly appointed non-executive directors who had brought vital skills and experience from a diverse range of clinical and non-medical backgrounds.
- Trust leaders made frequent visits to front-line teams, which helped to make the senior team visible to staff across services. Many of the staff we spoke with told us they felt the senior team were open and approachable.
- Senior leaders understood the challenges to quality and sustainability the Trust faced, with workforce, consistency of service delivery, and access to services identified as key challenges. They were able to explain clearly the actions they had taken and the plans they had in place to further address those challenges.
- Although two experienced and highly regarded members of the senior team, the director of nursing and medical director, were due to retire an effective succession planning and recruitment programme was in place which meant the impact of the changes would be minimised.

# Summary of findings

- The Board and senior leadership team had set a clear vision and values, centred around a key principle of continuous improvement (captured in its 'Better every day' programme) and the Trust's vision, 'To lead and inspire through excellence, compassion and expertise in all we do'. The vision, values and strategy for the future had been developed fully in collaboration with hundreds of staff from across the Trust, patients, and external partners.
- We saw clear evidence of how appropriate action was taken by senior leaders to address staff behaviour and performance that was inconsistent with the Trust's vision and values.
- The Trust's strategy was aligned to both national and local plans in the wider health and social care economy. Alongside neighbouring acute hospital Trusts and other key stakeholders, the Trust had played a central role in the county's Clinical Services Review, which was intended to ensure regional healthcare providers effectively met the future needs of the county's population.
- The Trust's senior team had done a lot of work in recent years to foster positive working relationships with key external partners, and took a lead role in regional co-working with those partners to respond effectively to the health and care needs of a changing population. There were numerous mechanisms for engagement with staff, patients and the wider population, and we saw how the senior team listened to a wide range of different voices and incorporated these into its decision-making.
- Many of the staff we spoke with expressed pride in working for the Trust. They told us they were valued and able to raise concerns freely and without fear of retribution in what they felt was an atmosphere of openness.
- Staff who had contributed to investigations following serious incidents told us they felt the Trust had now moved away from what had previously been seen as a blame culture, to one of learning and improvement without apportioning blame.
- Equality and diversity were promoted effectively within the organisation. Trust leads spoke passionately about the work and numerous projects they were involved in to promote equality and diversity. Staff with protected characteristics under the Equality Act told us they felt they were treated equitably, and that the senior team's willingness to engender a multicultural and diverse senior team cascaded positively through the Trust.
- The Trust had effective systems in place to ensure that services discharged their specific powers and duties according to the provisions of the Mental Health Act, 1983 and Mental Capacity Act, 2005.
- There were effective governance systems and processes in place to monitor risk and assure performance and quality across all levels of the organisation. Identified and potential risks were taken into account when planning and operating services.
- Managers at every level of the Trust were able to access a good range of up-to-date, detailed, service-specific information and data. The electronic dashboard system allowed managers to see a spread of critical key performance indicators, which supported them in running their services. A newly revised and improved 'integrated corporate dashboard' gave Board members an appropriate level of accessible and pertinent detail about all areas of Trust performance, to allow them to make fully informed decisions. We saw how non-executive directors gave appropriate scrutiny and challenge, during Board meetings, of the information presented through the dashboard.
- The Trust operated a structured and targeted programme of internal audits to monitor quality of services, clinical standards, and operational and financial performance. We did not look in detail at the Trust's financial management in this inspection. The fact that the Trust was operating at surplus indicated that its finances were well managed. We did not identify any instances where financial pressures had compromised the standard of care.

# Summary of findings

- The Trust had a clear focus on continuous learning and a well-developed programme of improvement and innovation. Services across the Trust had achieved accreditation in their fields or were working towards gaining such accreditation. There was a commitment from the senior team to learn from serious incidents, including deaths, and openness in the manner in which the Trust communicated with families, staff and external agencies following incidents.
- The trust held a serious incident panel every fortnight which was attended by the director of nursing and medical director. Although the outcomes of panels were not minuted staff who had contributed to investigations following serious incidents and attended panels told us they felt the trust had now moved away from what had previously been seen as a blame culture, to one of learning and improvement without apportioning blame.

However:

- We identified a number of issues in relation to the county-wide health-based place of safety (HBPoS) service, including issues relating to the suitability of the environment, staffing and the quality of documentation relating to patient care.
- There was a lack of consistency in the documentation of investigations into serious incidents that had occurred. While some investigations had identified clear root causes to incidents and then appropriate learning drawn from detailed recommendations, other investigations had not. A number of investigations into incidents involving mental health patients did not demonstrate sufficient scrutiny or depth of investigation, and others appeared to draw narrow learning.

## **Community health services**

### **Community health services for children, young people and families**

Our overall rating of this service improved. We rated it as good because:

- We noted positive changes since our last inspection in 2015.
- There was openness and transparency about safety, and continual learning was encouraged. Staff were supported to report incidents, including near misses.
- Staff were clear about their safeguarding responsibilities and if there was a concern about a child's wellbeing safeguarding procedures were followed and understood. All staff we spoke with had completed the appropriate level of training in safeguarding.
- Care was planned and delivered in line with evidence-based guidance, standards and best practice and the individual needs of the child and family were met through the careful care planning. Staff followed care pathways on electronic, multidisciplinary patient records to support practice.
- Staff were aware of when and how to report incidents and there was a good investigation and feedback process to share learning. Risks were fed into the risk management structure for possible inclusion on the Trust wide risk register.
- Staff received annual appraisals and new staff were supported when completing their competency assessments, helping to maintain and further develop their skills and experience.
- Parents and children gave feedback about the care and kindness received from staff, which was positive. All the children and their carers we spoke with were happy with the care and support provided by staff. We observed staff treated children, young people and their families with compassion, kindness, dignity and respect. Staff worked in partnership with children, young people and families in their care.



# Summary of findings

- Staff were positive about the support they received from their line managers and all staff reported to enjoy working in the Trust.
- The services used investigations of complaints and concerns to inform improvements.

However:

- Medicines in sexual health services were not always stored securely. We raised this with the Trust and immediate action was taken to address this.
- Confidentiality in the Junction psychosexual health clinic was compromised due to poor soundproofing within the clinic rooms and reception area. However, this was being addressed and processes were in place to minimise the risk to confidentiality.
- There was not a segregated area for children in some speech and language waiting rooms. When we raised this the Trust took action to provide an alternative waiting area in the same building.
- The sexual health service was not meeting the recommended waiting time of two weeks set by the Royal College of Obstetricians and Gynaecologists for coil fittings.

## Community health inpatient services

Our overall rating of this service has improved. We rated it as good because:

- The service was providing safe, effective, compassionate and kind care to patients and, overall, had addressed the issues raised in the last inspection.
- Patient records and care plans were comprehensive and addressed patient risks.
- The service provided effective care and treatment based on national guidance.
- Staff supported people to live healthier lives, with a focus on early identification and prevention.
- Staff involved patients and those close to them in decisions about their care and treatment.
- Staff cared for patients with compassion and provided emotional support to patients to minimise their distress.
- Furthermore, the trust had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff, patients, and key groups representing the local community.

However:

- There were practices in theatres in respect of procedure that needed to improve including not complying with the World Health Organisation checklist `Five Steps to Safer Surgery`, patient consent and checking prior to administering the anaesthetic block.
- While there was evidence of appropriate safety systems, they were not always being implemented correctly.

## End of life care

Our overall rating of this service improved. We rated it as good because:

- The Trust had addressed the issues raised in the last inspection and, overall, was providing services responsive to people's needs and the services were well-led.
- We also noted changes in culture since our last inspection in 2015. People working in the organisation told us that this was having a positive impact on patient care and staff morale.

# Summary of findings

- There was openness and transparency about safety, and continual learning was encouraged. Staff were supported to report incidents, including near misses.
- Staff were clear about their safeguarding responsibilities. All staff we spoke with had completed the appropriate level of training in safeguarding.
- Care was planned and delivered in line with evidence-based guidance and standards. Staff followed care pathways on electronic multidisciplinary patient records.
- Patients and relatives told us that staff went the extra mile and their care and support exceeded their expectations.
- Patients and relatives felt really cared for and that they mattered.
- Staff found innovative ways to enable people to manage their own health and care.
- Staff were aware of when and how to report incidents and there was a good investigation and feedback process to share learning. Risks were fed into the risk management structure for possible inclusion on the Trust wide risk register.
- Staff were positive about the support they received from their line managers and all staff reported to enjoy working in the Trust.
- The services used investigations of complaints and concerns to inform improvements.

## **Mental health services**

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

Our overall rating of this service went down. We rated it as good because:

- The wards were clean and tidy and the furniture appropriate and well-maintained.
- The staffing levels had improved since the staffing numbers were last submitted (30 June 2017) and most of the wards were now on or close to establishment levels.
- We saw good practice in the use of dialectical behaviour therapy on Chine and Linden wards and staff displayed a good level of knowledge of psychological therapies and benefits.
- Staff members demonstrated good awareness of processes related to reporting incidents, and learning from incidents. They were able to share examples of where incidents and complaints had led to an improvement in the service.
- Patients on all the wards were complementary about the staff and said that felt treated with dignity, respect and kindness. Staff were always on hand to help, and they felt listened to. Patients felt that staff members were open to feedback.
- The managers on all wards shared learning through a regular acute managers' meeting. This learning was disseminated to ward staff through handovers, team meetings and supervision.
- The wards had a good range of rooms and equipment available, including space for consultations, therapeutic activities and treatment. On all wards, except Chine, patient had their own ensuite bedrooms.

However:

- We found a number of ligature risks on four of the wards (Chine, Harbour, Waterston and Linden) which had not been identified or mitigated effectively.

# Summary of findings

- The crash trolley on the female Haven ward was based in the male Haven ward and was not easily accessible in the event of an emergency.
- On three of the wards (Chine, Linden and Waterston), patients' risk assessments did not always coordinate with their care plans. Care plans were not always updated after an incident and we found instances where actions had not been properly noted on the patient's care plan.
- Medicines were not always being managed in a safe way. On Haven ward and Waterston Unit, Some instances of 'as required' medications (PRN) were not reviewed on a regular basis. We also found on Chine and Harbour ward that the High Dose Antipsychotic Therapy (HDAT) care plan was not always in place where HDAT was administered to a patient. The care plan did not always correspond with the prescription practices to reflect why some medications were administered.
- There was a lack of therapeutic input on Harbour, Waterston and Seaview wards and this led to patients being frustrated and bored. While the wards had a good timetable of activities, these were not always recreational and did not support patients' recovery to its' fullest potential.

## Forensic inpatient/secure wards

Our overall rating of this service stayed the same. We rated it as good because:

- There had been significant changes since our last inspection, led by a new service manager. At our last inspection in 2015, we found evidence that patients' ability to take leave was based on whether they attended groups or not. Since then, staff had reviewed the Trust's leave policy and access to leave was longer based on whether they attended groups.
- The Trust had made multiple changes to the ward environment and security protocols to make the ward a safe place. Staff had addressed environmental risks and now had better visibility of the ward. Following building work patients could remain within a secure perimeter during a ward evacuation. There were improvements to Trust search protocols and there was a random room search plan as well as an individual risk based search plan in place. Learning had taken place from incidents.
- There had been changes to the staff team, including both management and healthcare professionals providing care on the ward. This had led to an improvement in staff morale, and patient feedback was universally positive about the staff team. We saw that staff were treating patients with respect and dignity.
- Staff were using relevant legislation, as well as national guidance to provide care to patients. We spoke with staff that were knowledgeable about the Mental Health Act and the Mental Capacity Act and saw in the patient records that these legislations were being followed. Staff prescribed medicines within nationally recognised limits (from the British National Formulary) and patients had access to therapies recommended by the National Institute for Health and Care Excellence.
- Staff were able to hear, and respond to patients' feedback in a number of ways. We saw that there was a robust structure to support patients to feedback on the care they were receiving and pass on any concerns or complaints they had to staff. Staff could also meet the dietary or religious needs of patients.

However:

- There had been a period of change and instability on the ward; this was reflected in the data that the Trust had provided to us on shift fill rates, appraisals and mandatory training. This data provided reflected the situation several months before the inspection during the main period when the changes were taking place. Staff provided assurance that they were making progress in these areas since this data was given to us. However, the recent changes to the staff team (management and direct clinical staff) had meant that there was still work needed to embed the changes made and improving performance in those areas.

# Summary of findings

- While there had been a lot of structural changes to improve safety, there were still no bathing or adapted toilet facilities for those needing disabled access. Staff said they would refer patients that had those needs to other wards that did have the facilities.

## **Child and adolescent mental health wards**

Our overall rating of this service improved. We rated it as outstanding because:

- Pebble Lodge was an excellent example of positive risk taking that had shown to improve care for children and young people. For example, the team had opened up areas of the ward previously locked to children and young people and as a result had a reduction in restraint. Staff were safe in their practice by risk assessing the young people admitted and the environment they were admitted to. Risk documentation was comprehensive and up to date; staff ensured that the risk assessment process was collaborative with the young person.
- All areas of concern raised at the previous inspection had been addressed and the staff on the ward had gone above and beyond what was required in making the changes.
- Staff worked with children and young people to create care plans that were meaningful to them. Children and young people then made their own portfolio of their care plans in order to have it in a format that was meaningful to them. Staff used National Institute for Health and Care Excellence best practice guidance such as dialectical behavioural therapy in individual and group form. Recognised assessment tools were used to measure severity and staff used outcome measures while auditing their effectiveness.
- There was a strong emphasis on young people being part of the community. They raised money for a chosen charity each month and the work they had done with this allowed them to volunteer at certain sites such as a farm. Young people engaged with local business to secure items for the ward and they used their enterprising skills to raise money for musical instruments. Staff worked to get children and young people who had previously received care onto the ward to show the 'living face' of recovery. This peer specialist role had won the staff at Pebble Lodge a national award in engaging young people and the public. Young people's strengths and interests were used to promote recovery.
- Activities took place on and off the ward and included trips out to, for example archery, swimming and surfing. Young people planned their week in order to structure their time and get into routine in order to make positive changes. Facilities such as a salon, pool table and computer games room were all open for young people to use. There was an area for young people to go if they were experiencing heightened emotion and wanted a quiet separate place to be.
- The environment was clean and well maintained. Medicines were stored effectively and the clinic room was in good order. An infection control lead was appointed to the ward and we found that infection control procedures were followed.
- The ward was well staffed and there was minimal use of bank staff, there was no use of agency staff. Staff were experienced in their roles and they had access to specialist training. They received a yearly appraisal and regular supervision. Morale within the team was excellent and staff showed that they were knowledgeable of working in inpatient CAMHS and were passionate about their jobs.
- There were universally positive reports about the staff from both children and young people and their parents or carers. Views were sought and changes were made to the ward following their feedback. Parents were provided with a three weekly parents evening to educate them on areas of treatment and care and to meet the manager.
- The ward was able to respond to children and young people of varying ethnic origins through providing information on different languages, meeting diet needs or accessing an interpreter. Staff showed that they were knowledgeable of the complaints process. Adjustments had been made for physically disabled people.

However:

# Summary of findings

- Children and young people reported that over the summer there were activities cancelled due to staffing pressures.
- Sickness and turnover rates were above the Trust average.
- There was no local psychiatric intensive care unit (PICU) for children and young people that required more intensive support. There were 11 delayed discharges but these were due to reasons out of the wards control.

## **Community based mental health services for adults of working age**

Our overall rating of this service improved. We rated it as good because:

- There had been substantial improvement in the service since our last inspection.
- The Trust had improved the sound proofing of interview rooms. Staff now recorded capacity and consent when giving treatment. Patients had risk assessments and crisis plans in place. Care plans were person centred and patients were involved in planning their care.
- There were good safety procedures in place for lone workers. All teams kept a daily record of appointments and had contact information for staff and the patient they were visiting. The teams used code words that all knew about if they needed to raise an alarm and the Trust were issuing staff with a safety fob.
- Patients were involved in planning and developing services; they were involved in reviewing new treatments, assessments and were involved in interviewing new staff. Patients could re-refer themselves up to 12 months after discharge. Staff gave information on other services that patients could use in the community.
- There were clear and consistent governance systems in place across the teams. The Trust shared learning from incidents and complaints across the teams. There was a records audit and record keeping template that helped to make sure records were consistent and included all the required documentation.

However:

- The Southbourne and Christchurch team did not have an effective medication management process in place. The team had not disposed of all medication and equipment that was over its expiry date. The location was not clean and there were no cleaning records available.
- Although the Trust had improved its assessment to treatment target time, the Weymouth team were not meeting the national target the Trust was trying to achieve.
- Although most of the teams reported good morale, Weymouth continued to report low morale.

## **Mental health crisis services and health based places of safety**

Our overall rating for this service has stayed the same. We rated it as requires improvement because:

- Handover and risk forms were not completed to a good standard for patients received in the health based place of safety (HBPoS) on section 136. There was minimal information in the progress notes. There was no ligature assessment for the HBPoS. Patients were supervised from outside of the room at times.
- It was not possible to lock the door of the HBPoS which opened into a restricted access corridor with stairs that was used by staff and visitors not connected with the HBPoS. This did not meet national guidelines and presented a risk to the safety of staff, patients and visitors.
- The numbers of people detained on section 136 had risen significantly in the previous two years. There was not sufficient staff or capacity at the HBPoS to manage more than one or two patients detained on section 136 without using police time or rooms not designed for the purpose.

# Summary of findings

- The facilities did not promote the comfort, privacy and dignity of patients detained on section 136. There had been incidents where patients' privacy and dignity were compromised, such as being restrained in the corridor.
- Recording by nursing staff was not sufficient in the HBPoS. Managers had not been auditing the quality of recording in the HBPoS at the time of the inspection.

However:

- The crisis teams had ensured that there were sufficient appropriately trained members of staff working in the teams.
- Staff in the crisis teams monitored risk closely and were able to respond quickly to service users when concerns escalated.
- Staff in the crisis teams were able to offer a good range of interventions. Staff were experienced and qualified.
- The east crisis team had addressed the issues we asked it to improve following the inspection in 2016.
- Staff were kind, professional and respectful. Patients gave positive feedback regarding their care. There was good involvement of service users and carers in the crisis teams. The Trust sought feedback from service users.
- Morale amongst the staff that we spoke with involved in the crisis teams and HBPoS was good.
- The multi-agency group were considering a range of measures to reduce detentions under section 136.

## **Specialist community based mental health services for children and young people**

Our overall rating of this service stayed the same. We rated it as good because:

- The areas where children and young people were seen were clean and tidy and the furniture appropriate and well maintained.
- Children and young people were assessed for risk at their first face-to-face appointment and risks were recorded on the electronic patient record. Children and young people, who had been assessed as high risk and were waiting for treatment were contacted regularly by a member of the crisis team.
- Incidents were reported and investigated and learning implemented. Staff were aware of the whistleblowing policy and how to escalate concerns.
- All of the CAMHS teams had met the referral to assessment targets except the Bournemouth and Christchurch team. All services were able to respond quickly to urgent referrals and assess children and young people within 24 hours.
- Staff were focussed on the well-being and recovery of young people. Staff took time to discuss any risks or concerns, seeking team input to ensure the best outcome for young people in their care. Young people told us that they felt involved in decisions about their care and were able to discuss any concerns with staff.
- The service offered a range of psychological therapies recommended by the National Institute for health and Care Excellence and staff were skilled and experienced in delivering these to a high standard. The teams offered a range of groups for children, young people families and carers. All young people and their families were offered a place on the Thinking Differently workshop.
- There was good multidisciplinary and interagency working. All services had good working links with safeguarding teams, social services, paediatric services, GPs and other specialist services.
- Ninety-seven percent (97%) of staff across the service had completed mandatory training at the time of the inspection. Staff were able to access additional specialist training dependent on their role; for example, specialist training in forensics, gender identity and cognitive behaviour therapy.

# Summary of findings

- Incidents were reported and investigated and learning implemented. Staff were aware of the whistleblowing policy and how to escalate concerns.
- Staff morale was generally good. Staff were positive about the leadership of both the Trust and community CAMHS. Staff were aware of the senior management team within the Trust, and told us that senior managers were visible and accessible.
- All staff we spoke with were aware of the Trust's vision and values. Staff understood what was happening with the Trust's 5-year strategy and annual plan. CAMHS was currently undergoing a strategic review and in the process of developing consistent systems and practices across all teams.

However:

- Staffing vacancies meant there were still long waiting times from assessment to treatment (we found this at our last inspection) and some staff had high caseloads, which they felt impacted on their ability to deliver care safely.
- Care plans did not contain individualised crisis plans. This meant that children and young peoples did not have a plan specific to their needs and had no clear information about how to reduce or address risky behaviour.
- Care plans varied in quality across all services, did not contain individualised crisis plans and were not written in a person-centred, age appropriate manner.
- Information was stored on the electronic system inconsistently across and within teams. It was not always possible to find information about individual children and young peoples' care.
- Not all carers we spoke with had been offered individual support or signposted to other support services external to the Trust. Carers also told us they had not received copies of the young person's care plan.

## **Community based mental health services for older people**

- Our overall rating of this service improved. We rated it as good because:
- Most teams had a full complement of staff, and turnover and sickness levels were low.
- Staff were well trained, supervised and appraised.
- Staff adhered to the Mental Health Act and Mental Capacity Act and followed National guidelines.
- Patients felt cared for and were treated with dignity, compassion and respect.
- There were no waiting lists, patients were seen quickly and services ran on time.
- Leadership across all teams was strong and staff morale was good.

## **Community mental health services for people with learning disabilities or autism**

Our overall rating of this service stayed the same. We rated it as good because:

- Services were safe. There were effective policies and procedures in place to ensure the safety of both staff and patients.
- Vacancy rates were low and staff had manageable caseloads. Patient care records were comprehensive and complete.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. Care and treatment followed current evidence based guidance.
- Staff were caring. Patients were treated with kindness, dignity and respect and were involved as partners in their care where possible.

# Summary of findings

- Learning from incidents, complaints and compliments was embedded across the service.
- Services met the individual needs of patients.
- There were effective systems in place to support the delivery of good quality care.

However:

- Access to some treatments, for example speech and language therapy, was sometimes delayed due to shortages of these staff.
- There was a lack of involvement of patients, carers and their representatives in decision making about, and within, the learning disability service.
- Clinical staff felt that senior managers did not value their work and felt that they were a low priority for the trust.

## Ratings tables

The ratings tables in our full report show the ratings overall and for each key question, for each service, and for the whole Trust. They also show the previous ratings for services or parts of them not inspected this time. We took all ratings into account in deciding overall ratings. Our decisions on overall ratings also took into account, for example, the relative size of services and we used our professional judgement to reach fair and balanced ratings.

## Areas for improvement

We found areas for improvement including breaches of three legal requirements that the Trust must put right. We found 36 things that the Trust should improve to comply with a minor breach that did not justify regulatory action, to prevent breaching a legal requirement, or to improve service quality.

For more information see the Areas for improvement section of this report.

## Action we have taken

We issued seven requirement notices to the Trust. That meant the Trust had to send us a report saying what action it would take to meet these requirements.

Our action related to breaches of three legal requirements in four services.

For more information on action we have taken, see the sections on Areas for improvement and Regulatory action.

## What happens next

We will make sure that the Trust takes the necessary action to improve its services. We will continue to monitor the safety and quality of services through our continuing relationship with the Trust and our regular inspections.

## Areas for improvement

Action the provider **MUST** take is necessary to comply with its legal obligations. Action a provider **SHOULD** take is to comply with a minor breach that did not justify regulatory action, to prevent it failing to comply with legal requirements in future, or to improve the quality of services.

### Action the provider **MUST** take to improve:

We told the provider that it must take action to bring services into line with three legal requirements. This action related to four services.



# Summary of findings

## **Community health services**

### **Community health inpatient services**

Action the provider **MUST** take to improve:

- The provider must ensure theatre staff comply with the World Health Organisation “Five Steps to Safer Surgery” checklist.
- The provider must ensure anaesthetic staff comply with the “stop before you block” requirement before inserting the anaesthetic block needle.
- The provider must ensure staff receive regular clinical supervision, appropriate to their role.

### **Mental health services**

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

Action the provider **MUST** take to improve:

- The provider must take steps to ensure that risks with the environment, including ligature risks, are effectively mitigated.
- The provider must address the safety issues presented with sharing bedrooms.

#### **Mental health crisis services and health based places of safety**

Action the provider **MUST** take to improve:

- The provider must ensure that the premises used for people detained under section 136 are fit for the purpose and used in a safe way.
- The provider must ensure that the risks to the health and safety of patients detained under section 136 are adequately assessed and mitigated.

#### **Specialist community based mental health services for children and young people**

Action the provider **MUST** take to improve:

- The provider must ensure that they provide sufficient numbers of suitably qualified, competent, skilled and experienced staff to meet the needs of the people requiring and using the service at all times.
- The provider must ensure that staff maintain accurate, complete and detailed records of crisis plans and care plans for each child or young person using the service that documentation is stored consistently in the electronic notes system.

#### **Action the provider SHOULD take to improve:**

We told the provider that it should take action either to comply with a minor breach that did not justify regulatory action, to avoid breaching a legal requirement in future or to improve services. These 36 actions related to the whole Trust and eight services.

### **Trust wide**

- The provider should ensure there is more robust leadership and oversight of the county-wide health-based place of safety (HBPoS) service.
- The provider should take appropriate steps to ensure there is greater consistency in its investigation of and learning from serious incidents.

# Summary of findings

## Community health services

### Community health services for children, young people and families

Action the provider SHOULD take to improve:

- The provider should ensure that medicines are managed and stored safely in all services.
- The provider should ensure the provision of a safe environment for children seen in the speech and language therapies waiting areas
- The provider should ensure the Royal College of Obstetricians and Gynaecologists' target of two weeks for coil fitting appointments is met.
- The provider should ensure infection control guidelines are followed within school nursing and speech and language teams
- The provider should ensure guidance on how to make a complaint should be available for all service users within individual services.
- The provider should ensure sexual health have robust processes for identifying and monitoring risks.
- The provider should ensure the privacy and confidentiality of patients is sustained at all times within the sexual health clinic at the Junction.

### Community health inpatient services

Action the provider SHOULD take to improve:

- The provider should ensure operating theatres do not use clinical waste bags for more than one patient.
- The provider should ensure medicine trolleys are always locked when the person in charge of the trolley is away from it.
- The provider should ensure consent for surgery is obtained in line with the guidelines of the Association of Anaesthetists of Great Britain and Ireland (AAGBI).

### End of life care

Action the provider SHOULD take to improve:

- The provider should ensure all staff complete mandatory training.
- The provider should ensure that community and district nursing services have enough staff with the right qualifications, skills, training and experience to deliver high quality end of life care.
- The provider should ensure there is consistency in the understanding of the re-training period of staff using syringe driver.
- The provider should ensure there is an equitable provision of chaplaincy service to meet the needs of all patients at the end of their life who require chaplaincy service.

### Mental health services

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

Action the provider SHOULD take to improve:

- The provider should ensure that care records, risk assessments, incident records and prescription charts all correlate to one another.

# Summary of findings

- The provider should ensure that staff have full line of sight of areas of the ward, and that blind spots are effectively mitigated.
- The provider should review the provision of psychology across the acute services.

## **Community based mental health services for adults of working age**

Action the provider SHOULD take to improve:

- The provider should ensure that all medication and medical devices are safe for use and checks to ensure this are carried out.
- The provider should ensure that all premises are clean and fit for purpose.
- The provider should ensure that staff update care plans and risk assessments at discharge from hospital.
- The provider should ensure that physical health care plans are comprehensive in their approach.
- The provider should ensure that staff records all patients' involvement in their care.

## **Mental health crisis services and health based places of safety**

Action the provider SHOULD take to improve:

- The provider should ensure that they adhere to the multi-agency section 136 policy when negotiating with police officers to remain with patients.
- The provider should ensure there are sufficient staff to respond to multiple people detained on the hospital site on section 136.
- The provider should ensure that patient's comfort, privacy and dignity are maintained whilst in the HBPoS.
- The provider should ensure that sufficient staff are up-to-date with training in level 3 safeguarding in the crisis teams.

## **Specialist community based mental health services for children and young people**

Action the provider SHOULD take to improve:

- The provider should ensure appropriate alarm systems are in place and used appropriately to ensure staff, children, and young people's safety.
- The provider should ensure that the waiting room area at North Dorset is monitored and access to closed areas of the service is restricted.
- The provider should ensure that care plans reflect that children and young people have been involved in planning their care and are written in a person-centred, age appropriate manner.
- The provider should ensure that all carers are offered individual support or signposted to other support services external to the Trust.
- The provider should ensure all staff complete mandatory training and have access to regular supervision.

## **Community mental health services for people with learning disabilities or autism**

Action the Trust SHOULD take to improve:

- The provider should ensure that all staff complete mandatory training for safeguarding adults and children to the appropriate level for their role.
- The provider should ensure that staff have a way of communicating with people who are both blind and deaf.

# Summary of findings

- The provider should ensure that patients and carers are actively engaged and involved in decision making about, and within, the community learning disability service.

## Is this organisation well-led?

Our comprehensive inspections of NHS Trusts have shown a strong link between the quality of overall management of a Trust and the quality of its services. For that reason, we look at the quality of leadership at every level. We also look at how well a Trust manages the governance of its services – in other words, how well leaders continually improve the quality of services and safeguard high standards of care by creating an environment for excellence in clinical care to flourish.

We rated well-led at the Trust as good because:

- The Trust's senior leadership team had the skills, knowledge, experience and integrity necessary for successfully overseeing a large, complex organisation. The Trust's Board had recently been strengthened, with newly appointed non-executive directors who had brought vital skills and experience from a diverse range of clinical and non-medical backgrounds.
- We saw evidence of some excellent leadership at all levels across the trust with many dedicated, compassionate staff who were striving to deliver the very best care for patients.
- Trust leaders made frequent visits to front-line teams, which helped to make the senior team visible to staff across services. Many of the staff we spoke with told us they felt the senior team were open and approachable.
- Senior leaders understood the challenges to quality and sustainability the Trust faced, with workforce, consistency of service delivery, and access to services identified as key challenges. They were able to explain clearly the actions they had taken and the plans they had in place to further address those challenges.
- Although two experienced and highly regarded members of the senior team, the director of nursing and medical director, were due to retire an effective succession planning and recruitment programme was in place which meant the impact of the changes would be minimised.
- The Board and senior leadership team had set a clear vision and values, centred around a key principle of continuous improvement (captured in its 'Better every day' programme) and the Trust's vision, 'To lead and inspire through excellence, compassion and expertise in all we do'. The vision, values and strategy for the future had been developed fully in collaboration with hundreds of staff from across the Trust, patients, and external partners.
- We saw clear evidence of how appropriate action was taken by senior leaders to address staff behaviour and performance that was inconsistent with the Trust's vision and values.
- The Trust's strategy was aligned to both national and local plans in the wider health and social care economy. Alongside neighbouring acute hospital Trusts and other key stakeholders, the Trust had played a central role in the county's Clinical Services Review, which was intended to ensure regional healthcare providers effectively met the future needs of the county's population.
- The Trust's senior team had done a lot of work in recent years to foster positive working relationships with key external partners, and took a lead role in regional co-working with those partners to respond effectively to the health and care needs of a changing population. There were numerous mechanisms for engagement with staff, patients and the wider population, and we saw how the senior team listened to a wide range of different voices and incorporated these into its decision-making.

# Summary of findings

- Many of the staff we spoke with expressed pride in working for the Trust. They told us they were valued and able to raise concerns freely and without fear of retribution in what they felt was an atmosphere of openness.
- Staff who had contributed to investigations following serious incidents told us they felt the Trust had now moved away from what had previously been seen as a blame culture, to one of learning and improvement without apportioning blame.
- Equality and diversity were promoted effectively within the organisation. Trust leads spoke passionately about the work and numerous projects they were involved in to promote equality and diversity. Staff with protected characteristics under the Equality Act told us they felt they were treated equitably, and that the senior team's willingness to engender a multicultural and diverse senior team cascaded positively through the Trust.
- The Trust had effective systems in place to ensure that services discharged their specific powers and duties according to the provisions of the Mental Health Act, 1983 and Mental Capacity Act, 2005.
- There were effective governance systems and processes in place to monitor risk and assure performance and quality across all levels of the organisation. Identified and potential risks were taken into account when planning and operating services.
- Managers at every level of the Trust were able to access a good range of up-to-date, detailed, service-specific information and data. The electronic dashboard system allowed managers to see a spread of critical key performance indicators, which supported them in running their services. A newly revised and improved 'integrated corporate dashboard' gave Board members an appropriate level of accessible and pertinent detail about all areas of Trust performance, to allow them to make fully informed decisions. We saw how non-executive directors gave appropriate scrutiny and challenge, during Board meetings, of the information presented through the dashboard.
- The Trust operated a structured and targeted programme of internal audits to monitor quality of services, clinical standards, and operational and financial performance. We did not look in detail at the Trust's financial management in this inspection. The fact that the Trust was operating at surplus indicated that its finances were well managed. We did not identify any instances where financial pressures had compromised the standard of care.
- The Trust had a clear focus on continuous learning and a well-developed programme of improvement and innovation. Services across the Trust had achieved accreditation in their fields or were working towards gaining such accreditation. There was a commitment from the senior team to learn from serious incidents, including deaths, and openness in the manner in which the Trust communicated with families, staff and external agencies following incidents.
- The trust held a serious incident panel every fortnight which was attended by the director of nursing and medical director. Although the outcomes of panels were not minuted staff who had contributed to investigations following serious incidents and attended panels told us they felt the trust had now moved away from what had previously been seen as a blame culture, to one of learning and improvement without apportioning blame.

However:

- We identified a number of issues in relation to the county-wide health-based place of safety (HBPoS) service, including issues relating to the suitability of the environment, staffing and the quality of documentation relating to patient care.
- There was a lack of consistency in the documentation of investigations into serious incidents that had occurred. While some investigations had identified clear root causes to incidents and then appropriate learning drawn from detailed recommendations, other investigations had not. A number of investigations into incidents involving mental health patients did not demonstrate sufficient scrutiny or depth of investigation, and others appeared to draw narrow learning.

## Ratings tables

Key to tables					
Ratings	Not rated	Inadequate	Requires improvement	Good	Outstanding
Rating change since last inspection	Same	Up one rating	Up two ratings	Down one rating	Down two ratings
Symbol *	↔	↑	↑↑	↓	↓↓
Month Year = Date last rating published					

\* Where there is no symbol showing how a rating has changed, it means either that:

- we have not inspected this aspect of the service before or
- we have not inspected it this time or
- changes to how we inspect make comparisons with a previous inspection unreliable.

### Ratings for the whole trust

Safe	Effective	Caring	Responsive	Well-led	Overall
Requires improvement ↔ Nov 2017	Good ↑ Nov 2017	Good ↔ Nov 2017	Good ↑ Nov 2017	Good ↑ Nov 2017	Good ↑ Nov 2017

The rating for well-led is based on our inspection at trust level, taking into account what we found in individual services. Ratings for other key questions are from combining ratings for services and using our professional judgement.

## Ratings for community health services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community health services for adults	Requires improvement →← Jun 2015	Good →← Jun 2015	Good →← Jun 2015	Good →← Jun 2015	Good →← Jun 2015	Good →← Jun 2015
Community health services for children and young people	Good ↑ Nov 2017	Good →← Nov 2017	Good →← Nov 2017	Good →← Nov 2017	Good ↑ Nov 2017	Good ↑ Nov 2017
Community health inpatient services	Good ↑ Nov 2017	Good ↑ Nov 2017	Good →← Nov 2017	Good ↑ Nov 2017	Good ↑ Nov 2017	Good ↑ Nov 2017
Community end of life care	Good →← Nov 2017	Good →← Nov 2017	Outstanding ↑ Nov 2017	Good ↑ Nov 2017	Good ↑ Nov 2017	Good ↑ Nov 2017
<b>Overall*</b>	Good ↑ Nov 2017	Good →← Nov 2017	Good →← Nov 2017	Good ↑ Nov 2017	Good ↑ Nov 2017	Good ↑ Nov 2017

\*Overall ratings for community health services are from combining ratings for services. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

## Ratings for mental health services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Acute wards for adults of working age and psychiatric intensive care units	Requires improvement ↓ Apr 2017	Good ↔ Nov 2017	Good ↓ Nov 2017	Good ↓ Nov 2017	Good ↔ Nov 2017	Good ↓ Apr 2017
Long-stay or rehabilitation mental health wards for working age adults	Requires improvement ↔ Mar 2016	Good ↔ Mar 2016	Good ↔ Mar 2016	Good ↔ Mar 2016	Good ↔ Mar 2016	Good ↔ Mar 2016
Forensic inpatient or secure wards	Good ↑ Nov 2017	Good ↔ Nov 2017	Good ↔ Nov 2017	Good ↔ Nov 2017	Good ↔ Nov 2017	Good ↔ Nov 2017
Child and adolescent mental health wards	Good ↔ Nov 2017	Outstanding ↑ Nov 2017	Outstanding ↑ Nov 2017	Good ↔ Nov 2017	Outstanding ↑ Nov 2017	Outstanding ↑ Nov 2017
Wards for older people with mental health problems	Requires improvement ↔ Mar 2016	Good ↔ Mar 2016	Good ↔ Mar 2016	Good ↔ Mar 2016	Good ↔ Mar 2016	Good ↔ Mar 2016
Community-based mental health services for adults of working age	Good ↑ Nov 2017	Good ↑ Nov 2017	Good ↔ Nov 2017	Good ↑ Nov 2017	Good ↑ Nov 2017	Good ↑ Nov 2017
Mental health crisis services and health-based places of safety	Requires improvement ↔ Apr 2017	Good ↑ Nov 2017	Good ↔ Nov 2017	Good ↑ Nov 2017	Requires improvement ↓ Nov 2017	Requires improvement ↔ Nov 2017
Specialist community mental health services for children and young people	Requires improvement ↓ Nov 2017	Good ↔ Nov 2017	Good ↔ Nov 2017	Good ↑ Nov 2017	Good ↔ Nov 2017	Good ↔ Nov 2017
Community-based mental health services for older people	Good ↔ Nov 2017	Good ↑ Nov 2017	Good ↔ Nov 2017	Good ↔ Nov 2017	Good ↑ Nov 2017	Good ↑ Nov 2017
Community mental health services for people with a learning disability or autism	Good ↔ Nov 2017	Good ↔ Nov 2017	Good ↔ Nov 2017	Good ↔ Nov 2017	Good ↔ Nov 2017	Good ↔ Nov 2017
Forensic community	Good ↔ Jun 2015	Outstanding ↔ Jun 2015	Outstanding ↔ Jun 2015	Good ↔ Jun 2015	Good ↔ Jun 2015	Outstanding ↔ Jun 2015
<b>Overall</b>	Requires improvement ↔ Nov 2017	Good ↑ Nov 2017	Good ↔ Nov 2017	Good ↑ Nov 2017	Good ↔ Nov 2017	Good ↑ Nov 2017

Overall ratings for mental health services are from combining ratings for services. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.



# Community health services

## Summary of community health services

**Good** ● ↑

Our rating of these services improved. We rated them as good because:

- The three services inspected improved from a rating of requires improvement to good overall.

However:

- We also found areas for improvement in each of the services we inspected this time. See areas for improvement section above for details.

# Community health services for children and young people

Good  

See guidance note ICS 1 – then delete this text when you have finished with it.

## Key facts and figures

Dorset Healthcare University Hospital NHS Trust provides community services for children and young people living across Dorset. The Trust works with other NHS Foundation Trusts to provide children, young people and their families (CYPF) services. Care is provided in a variety of settings including clinics, home visits, and schools. Across Dorset, in the year July 2016 to June 2017, 271,524 children attended the CYPF service. It should be noted that the population has a significant increase during the summer months, as it is a popular holiday destination. This affects the number of children, young people and families accessing families

During this inspection, we inspected:

- The Health visiting service
- The School nursing service
- The looked after children (LAC) service
- The sexual health service
- The speech and language therapy (SALT) service

During the inspection visit, the inspection team:

- spoke with 58 staff including health visitors, school nurses, sexual health nurses, speech and language therapists, administration staff and managers.
- spoke with 29 parents or carers.
- reviewed 28 records across the service.
- attended staff focus groups prior to the inspection to gain staff views.

Our inspection was announced which means staff knew we were coming to enable us to observe routine activity.

At the last inspection, we rated two or more key questions for the service at requires improvement so we re-inspected all five key questions.

Before the inspection visit, we reviewed information that we held about these services and information requested from the Trust.

Our overall rating of this service improved. We rated it as good because:

- We noted positive changes since our last inspection in 2015.
- There was openness and transparency about safety, and continual learning was encouraged. Staff were supported to report incidents, including near misses.
- Staff were clear about their safeguarding responsibilities and if there was a concern about a child's wellbeing safeguarding procedures were followed and understood. All staff we spoke with had completed the appropriate level of training in safeguarding.

# Community health services for children and young people

- Care was planned and delivered in line with evidence-based guidance, standards and best practice and the individual needs of the child and family were met through the careful care planning. Staff followed care pathways on electronic, multidisciplinary patient records to support practice.
- Staff were aware of when and how to report incidents and there was a good investigation and feedback process to share learning. Risks were fed into the risk management structure for possible inclusion on the Trust wide risk register.
- Staff received annual appraisals and new staff were supported when completing their competency assessments, helping to maintain and further develop their skills and experience.
- Parents and children gave feedback about the care and kindness received from staff, which was positive. All the children and their carers we spoke with were happy with the care and support provided by staff. We observed staff treated children, young people and their families with compassion, kindness, dignity and respect. Staff worked in partnership with children, young people and families in their care.
- Staff were positive about the support they received from their line managers and all staff reported to enjoy working in the Trust.
- The services used investigations of complaints and concerns to inform improvements.

However:

- Medicines in sexual health services were not always stored securely. We raised this with the Trust and immediate action was taken to address this.
- Confidentiality in the Junction psychosexual health clinic was compromised due to poor soundproofing within one of the clinic rooms and reception area. However, this was being addressed and processes were in place to minimise the risk to confidentiality.
- There was not a segregated area for children in some speech and language waiting rooms. When we raised this the Trust took action to provide an alternative waiting area in the same building.
- The sexual health service was not meeting the recommended waiting time of two weeks set by the Royal College of Obstetricians and Gynaecologists for coil fittings.

## Summary of this service

Our rating of this service improved. We rated it as good because:

- The three services inspected improved from a rating of requires improvement to good overall.

However:

- We also found areas for improvement in each of the services we inspected this time. See areas for improvement section above for details.

## Is the service safe?

**Good** ●

Our rating of safe improved. We rated it as good because:

# Community health services for children and young people

- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- Most of the service controlled infection risk well. Most staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection. However, in some areas of the school nursing service staff were not seen to be bare below the elbow, cleaning toys and using hand sanitiser gel between patients.
- Risks to children were assessed, monitored and managed appropriately. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Staff were encouraged to report incidents.

The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment.

- Staff kept appropriate records of patients' care and treatment. Records were clear, up-to-date and available to all staff providing care.
- The service had sufficient resources to keep children with mental health concerns or additional needs safe.
- The service planned for emergencies and staff understood their roles if one should happen.
- All staff across the service were aware of the signs and symptoms of sepsis and the Trust regularly sent reminder emails and updates.
- The service managed patient safety incidents well and responded appropriately to significant events.
- Most of the service had suitable premises and equipment and looked after them well. There were issues with sound proofing in a sexual health clinic room, which was rectified soon after the inspection.
- Overall the service prescribed, gave, recorded and stored medicines safely.

However:

- Medicines storage in sexual health clinics was not always secure, and we raised this with the Trust for immediate action.
- There was not segregated area for children in some speech and language waiting rooms but the Trust took action to provide an alternative waiting area in the same building.

## Is the service effective?

Good ● → ←

Our rating of effective stayed the same. We rated it as good because:

- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance.
- Staff in health visiting and school nursing educated families and carers to a high standard regarding nutritional health.

# Community health services for children and young people

- The service monitored the effectiveness of care and treatment and used the findings to improve them. They compared local results with those of similar services to learn from them.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and provided support to be able to monitor the effectiveness of the service. However, clinical supervision rates did not meet Trust targets in some teams.
- Staff of different kinds worked together as a team to benefit patients. The local authority children's centre teams, social workers and teams within the service supported each other to provide good care.
- The service effectively promoted and empowered service users to manage their own health, care and wellbeing to maximise their independence.
- Staff understood their roles and responsibilities in relation to obtaining consent, the Mental Health Act 1983 and the Mental Capacity Act 2005. They knew how to support children and young people experiencing mental ill health.
- The school nursing team and sexual health had worked together to produce training packages to schools concerning contraception with the aim teachers within the school are trained to deliver the training to the children.
- The transformation programme for health visiting and school nursing was effective in planning resources for the services and ensuring the right skill mix was in place to meet the demands of each reach area.
- Staff always had access to up-to-date, accurate and comprehensive information on patients' care and treatment. All staff had access to an electronic records system that they could all update. The sexual health service were implementing read only access to the electronic records system that the other services used to mitigate this risk of different systems.

## Is the service caring?

Good   

Our rating of caring stayed the same. We rated it as good because:

- Staff cared for children, young people and families with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- Staff involved patients and those close to them in decisions about their care and treatment.
- Staff provided emotional support to children, young people and families to minimise their distress. Staff were committed to providing holistic, family-centred care to children, young people and families.
- Staff involved patients and their family in decisions about the care and treatment. We observed caring and compassionate interactions between staff and children, young people and families. Staff were noted to have a child centred ethos.
- There were good relationships between staff and those using the services. Staff worked in partnership with parents, babies, children and young people in their care. This ensured all children and families were fully informed and involved in their care. Parents and young people told us they and their children were treated with dignity and respect.
- The looked after children's service provided a transitional support when moving from children to adult services, which enabled young people to feel empowered around discussing choices for their futures.

However:

# Community health services for children and young people

- Staff were not doing all that was possible to maintain privacy and confidentiality of conversations within the Junction sexual health clinic, which was compromised due to soundproofing issues within one of the clinic rooms and reception. However, this was being addressed and processes were in place to minimise the risk to confidentiality.

## Is the service responsive?

Good ● → ←

Our rating of responsive stayed the same. We rated it as good because:

- The Trust planned and provided services in a way that met the needs of local people.
- Staff demonstrated a good understanding of the needs of the local population where they worked.
- There were adequate age appropriate facilities across the service for babies, children, young people and their families.
- The school nursing chat health text messaging service initiative ensured effective delivery of treatment and support to young people, and promoted their independence.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff.
- As an integrated service, it was able to meet the ever increasing and more complex needs of children in the local community.

However:

- Across most services children, young people and families could access the service when they needed it. However waiting times in sexual health for a coil fitting was six weeks against the recommended waiting time of two weeks set by The Royal College of Obstetricians and Gynaecologists.
- Some sexual health clinics were closing and staff were concerned the availability of the remaining clinics would not reach the Faculty of the Royal College of Sexual and Reproductive Healthcare guidance of patients having access to a sexual health clinic within 30 mins of their home. Staff were concerned this could impact the teenage pregnancy rate. However, the sexual health service was currently going through a transformation process whereby the three main sexual health providers in the county were integrating and a new model of service was being implemented to improve access and target resource to those most at risk.
- Guidance on how to make a complaint was not on display in the areas we visited. However, it was displayed on the Trust's website.

## Is the service well-led?

Good ● ↑

Our rating of well-led improved. We rated it as good because:

- The service had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care.

# Community health services for children and young people

- The Trust had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff, patients, and key groups representing the local community. Across the service, this vision was embedded within staff appraisals.
- Managers across the Trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The service used a systematic approach to continually improving the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish.
- The Trust collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.
- The service engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively and collaboratively for example the local authorities.
- The service was committed to improving services by learning from when things go well and when they go wrong, promoting training, research and innovation.
- The service actively participated in national and local research and had numerous partnerships with other agencies in order that long-term standards of care for children, young people and families could be improved.
- Most areas of the service had effective systems for identifying risks, planning to eliminate or reduce them, and coped well with both the expected and unexpected. However managers in sexual health were not ensuring staff were implementing actions to minimise risks to patient confidentiality.

However:

- Managers in sexual health did not appear to have a clear oversight of the issues of medicines management. Although issues with medicines management from the previous inspection had been addressed, new issues were uncovered following this inspection.

## Outstanding practice

We found a number of examples of outstanding practice in this service.

- School nurses introduced the Chat Health service, which used text messaging to ensure effective delivery of treatment and support to young people, and promoted their independence. They had benchmarked the service against another NHS Trust to ensure the safety and effectiveness of the service.
- The School nursing service developed a “Self Help Not Self Harm” Campaign which included resources developed for school assemblies. School nurses delivered assemblies or a presentation with voiceovers so schools could do assemblies without nurses. They also introduced podcast with well-known radio DJs to promote the campaign.
- The Dorset Working Women’s project provided a range of services to support women in the sex trade’s emotional wellbeing as well as providing sexual health services. These included a weekly drop in session where women could receive support from trained project workers. They also provided an outreach service where staff went to known areas of the red light district in Bournemouth in the evening to deliver condoms, clean needles, and snacks such as crisps and hot chocolate.
- There were five paediatric nurses within health visiting who worked across Bournemouth and Poole and supported families with children who had severe disabilities or development delay. Staff told us they were an excellent link with community paediatricians at local Trusts as well as CAMHS.

# Community health services for children and young people

## Areas for improvement

We found areas for improvement in this service. See the Areas for Improvement section above.

### **Action the provider MUST or SHOULD take to improve:**

#### **The provider SHOULD ensure:**

- Medicines are managed and stored safely in all services.
- The provision of a safe environment for children seen in the speech and language therapies waiting areas
- The Faculty of Sexual and Reproductive Healthcare (FSRH) two weeks target of two weeks for coil fitting appointments is met.
- infection control guidelines are followed within school nursing and speech and language teams
- Guidance on how to make a complaint should be available for all service users within individual services.
- Sexual health should have robust processes for identifying and monitoring risks.
- Maintenance of privacy and confidentiality of patients is sustained at all times within the sexual health clinic at the Junction.



# Community health inpatient services

Good  

## Key facts and figures

Dorset Healthcare University Hospital Trust provides community inpatient services at 11 hospital locations for people across Dorset and including Poole.

The Trust had 293 beds for community inpatients and these provided a combination of step-up and step-down beds for intermediate care and rehabilitation. There are four operating theatres providing minor surgical services.

During the inspection, we inspected all 11 hospital sites and all four of the operating theatres. We spoke to staff, patients and relatives and we collected 90 comment cards from people who had written to the CQC about the care they had received.

Before the inspection visit, we reviewed information we held about these services as well as information that we had received from the Trust.

Our overall rating of this service has improved. We rated it as good because:

- The service was providing safe, effective, compassionate and kind care to patients and, overall, had addressed the issues raised in the last inspection.
- Patient records and care plans were comprehensive and addressed patient risks.
- The service provided effective care and treatment based on national guidance.
- Staff supported people to live healthier lives, with a focus on early identification and prevention.
- Staff involved patients and those close to them in decisions about their care and treatment.
- Staff cared for patients with compassion and provided emotional support to patients to minimise their distress.
- Furthermore, the trust had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff, patients, and key groups representing the local community.

However:

- There were practices in theatres in respect of procedure that needed to improve including not complying with the World Health Organisation checklist `Five Steps to Safer Surgery`, patient consent and checking prior to administering the anaesthetic block.
- While there was evidence of appropriate safety systems, they were not always being implemented correctly.

## Summary of this service

Our rating of this service improved. We rated it as good because:

## Is the service safe?

Good  

Our rating of safe improved. We rated it as good because:

# Community health inpatient services

- The service provided mandatory training in key skills to all staff and made sure staff completed it.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff understood the safety requirements of their job and understood their responsibilities to raise concerns and to record safety incidents, where appropriate.
- The service controlled infection risk well. Staff kept themselves, the equipment and the premises clean. They used control measures to prevent the spread of infection and there was good evidence of infection prevention control techniques. However, at two theatres we observed that the same clinical waste bag was used for all procedures.
- The service had suitable premises and equipment and looked after them well.
- Risks to patients were assessed, monitored and managed appropriately. The patient records and care plans were comprehensive and addressed patient risks. Risks were well managed across wards.
- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment. Staffing levels had improved since the last inspection though there were still significant gaps and sickness remained high.
- Staff kept appropriate records of patients' care and treatment. Records were clear, up-to-date and available to all staff providing care.
- The service prescribed, gave, recorded and stored medicines well. Patients received the right medication at the right dose at the right time.
- The service used safety monitoring results well. Staff collected safety information and shared it with staff, patients and visitors. The service used information to improve the service.
- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.

However:

- There were practices in theatres that needed to improve in respect of procedures that should be followed, including complying with the World Health Organisation checklist `Five Steps to Safer Surgery`, patient consent and checking prior to administering the anaesthetic block.
- Some medicines trolleys were left unlocked during medicine rounds.
- In theatres, while there was evidence of appropriate safety systems they were not being implemented correctly.

## Is the service effective?

Good  

Our rating of effective improved. We rated it as good because:

- The service provided effective care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance and patient records and associated care plans were created and held electronically on a centralised computer system.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. The service made adjustments for patients' religious, cultural and other preferences.

# Community health inpatient services

- The service monitored the effectiveness of care and treatment and used the findings to improve them. They compared local results with those of other services to learn from them.
- The service made sure that staff were competent for their roles. Managers appraised staff work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service. However, there were still compliance gaps in respect of clinical supervision.
- Staff of different kinds worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other at weekly multi-disciplinary team (MDT) meetings to provide good care.
- Staff supported people to live healthier lives, with a focus on early identification and prevention.
- Consent to care and treatment was mostly obtained in line with legislation and guidance but in theatres some patients were being asked to consent on the day of surgery. Staff understood their roles and responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. They knew how to support patients who lacked the capacity to make decisions about their care.

## Is the service caring?

Good   

Our rating of caring stayed the same. We rated it as good because:

- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- Staff provided emotional support to patients to minimise their distress. Patients overwhelmingly spoke about being looked after and feeling safe.
- Staff involved patients and those close to them in decisions about their care and treatment.

## Is the service responsive?

Good  

Our rating of responsive improved. We rated it as good because:

- The Trust planned and provided services in a way that met the needs of local people.
- The service took account of patients' individual needs.
- People could access the service when they needed it. Waiting times from arrangements to admit and to treat were in line with best practice.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff.

However:

- All 14 wards reported high bed occupancy and out of the total number of discharges (2935) across all of the wards approximately 45% (1316) were delayed.

# Community health inpatient services

## Is the service well-led?

Good  

Our rating of well-led improved. We rated it as good because:

- The Trust had managers at all levels with the right skills and abilities to run a service which provided high-quality sustainable care.
- The Trust had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff, patients, and key groups representing the local community. The Trust had a comprehensive strategy and annual plan focussed on changing models of care through innovation and improvement.
- Managers across the Trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. Staff spoke overwhelmingly about their commitment to providing high quality care and most felt supported and valued by the Trust.
- The Trust used a systematic approach to continually improving the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish. There was a comprehensive governance structure which connected wards to the Board.
- The Trust had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- The Trust collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.
- The Trust engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.
- The Trust was committed to improving services by learning from when things go well and when they go wrong.

However:

- At the time of the inspection we had some concerns about the level of leadership of theatres provided by the trust, but it had appointed a new professional lead for theatres specifically to bring about improvements.

## Areas for improvement

**Action the provider MUST or SHOULD take to improve:**

**The provider MUST ensure:**

- Theatre staff comply with the World Health Organisation “Five Steps to Safer Surgery” checklist.
- Anaesthetic staff comply with the “stop before you block” requirement before inserting the anaesthetic block needle.
- Staff receive regular clinical supervision, appropriate to their role.

**The provider SHOULD ensure:**

- Operating theatres do not use clinical waste bags for more than one patient.
- Medicine trolleys are always locked when the person in charge of the trolley is away from it.

# Community health inpatient services

- Consent for surgery is obtained in line with the guidelines of the Association of Anaesthetists of Great Britain and Ireland (AAGBI).

# Community end of life care

Good  

## Key facts and figures

The end of life care service across the Dorset Healthcare University NHS Foundation Trust is provided on community hospital wards and by the community teams, including, district nursing, night nursing, community matrons and integrated community rehabilitation teams (ICRT). Palliative care support workers within the ICRTs provide personal care whilst patients await social services care packages. The hospitals and community teams access specialist end of life care advice and support from three hospices across Dorset. They also access palliative care consultants at a nearby acute hospital. Staff work closely as multi-disciplinary teams, in partnership with GPs, social services and acute services across Dorset.

At the last inspection we rated two key questions as requires improvement; are services responsive to people's needs and are services well-led? On this inspection, we re-inspected these key questions and examined the other three key questions; are services safe, caring and effective?

Our inspection was announced (staff did know we were coming).

Before the inspection visit, we reviewed information that we held about these services and the information requested from the Trust. We held focus groups with staff from community teams and community hospital wards, attended by 25 people.

During the inspection visit, the team:

- visited 11 wards including an older people mental health ward
- spoke with ward staff, including consultants, nurses and health care assistants
- met with the specialist heart failure care team
- attended handover and multidisciplinary meetings
- spoke with the chaplain
- met and spoke with and 10 relatives
- met with the Trust leads for end of life care
- spoke with 70 members of staff.

Our overall rating of this service improved. We rated it as good because:

- The Trust had addressed the issues raised in the last inspection and, overall, was providing services responsive to people's needs and the services were well-led.
- We also noted changes in culture since our last inspection in 2015. People working in the organisation told us that this was having a positive impact on patient care and staff morale.
- There was openness and transparency about safety, and continual learning was encouraged. Staff were supported to report incidents, including near misses.
- Staff were clear about their safeguarding responsibilities. All staff we spoke with had completed the appropriate level of training in safeguarding.

# Community end of life care

- Care was planned and delivered in line with evidence-based guidance and standards. Staff followed care pathways on electronic multidisciplinary patient records.
- Patients and relatives told us that staff went the extra mile and their care and support exceeded their expectations.
- Patients and relatives felt really cared for and that they mattered.
- Staff found innovative ways to enable people to manage their own health and care.
- Staff were aware of when and how to report incidents and there was a good investigation and feedback process to share learning. Risks were fed into the risk management structure for possible inclusion on the Trust wide risk register.
- Staff were positive about the support they received from their line managers and all staff reported to enjoy working in the Trust.
- The services used investigations of complaints and concerns to inform improvements.

## Summary of this service

Our rating of this service improved. We rated it as good because:

## Is the service safe?

**Good** ● → ←

Our rating of safe stayed the same. We rated it as good because:

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infections.
- The service had suitable premises and equipment and looked after them well.
- Staff kept appropriate records of patients' care and treatment. Records were generally clear, up-to-date, and available to all staff providing care.
- The service prescribed, administered, recorded and stored medicines well. Patients receiving end of life care were prescribed anticipatory medicines. These are medicines that patients may require near the end of their life to relieve symptoms such as pain and restlessness.
- The service managed patient safety incidents well and responded appropriately to significant events. Information on safety performance was visible on wards.
- Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service.
- The service provided mandatory training in key skills to all staff. The Trust set a target of 95% for completion of mandatory training and their overall training compliance was 91% against this target.

# Community end of life care

However:

- Whilst most areas had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment, there were areas in community and district nursing that did not have enough numbers of staff. However, this did not affect the quality of care provided to end of life care patients as they were always prioritised.

## Is the service effective?

**Good** ● → ←

Our rating of effective stayed the same. We rated it as good because:

- Patients had their needs assessed and their care planned and delivered in line with evidence-based guidance, standards and best practice. Managers checked to make sure staff followed guidance. The vision and the strategy was based on the National Palliative and End of Life Care Partnership. They had developed six ambitions, supported by eight foundations of best practice for palliative and end of life care.
- Staff gave patients enough food and drink to meet their needs and maintain and improve their health. They used special feeding and hydration techniques when necessary.
- Staff assessed and monitored patients regularly to see if they were in pain. Appropriate systems were in place to assess and manage patients' pain relief needs.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service.
- The service monitored the effectiveness of care and treatment, and used the findings to improve them.
- All staff worked together as a team to benefit patients. Doctor, nurses and healthcare professionals supported each other to provide good care.
- Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. Staff knew how to support patients experiencing mental health conditions and those who lacked the mental capacity to make decisions about their care. They followed the Trust policy and procedures when a patient could not give consent.

However:

- There was inconsistency in the understanding of the re-training period of staff using syringe driver.

## Is the service caring?

**Outstanding** ☆ ↑

Our rating of caring improved. We rated it as outstanding because:

- There was a strong person-centred culture in caring for patients nearing the end of their life. Staff were highly motivated and inspired to provide care with kindness and compassion. Feedback from people who used the service and their relatives was that they felt their dignity and self respect were enhanced as a result.



# Community end of life care

- Staff ensured that end of life patients and those close to them were provided with appropriate emotional support to minimise their distress. This continued for families after the death of their loved one and had included, for example, the establishment of bereavement cafes which were highly valued.
- Staff involved and empowered patients, and those close to them, as partners in decisions about their care and treatment. Staff were fully committed to ensuring people's individual preferences and needs were reflected in how their end of life care was delivered.
- Staff felt empowered and also empowered others around them. They showed creativity and determination to overcome obstacles ensuring patients nearing the end of their life felt really cared for and that their wishes were respected.

## Is the service responsive?

Good  

Our rating of responsive improved. We rated it as good because:

- The Trust planned and provided services in a way that met the needs of local people.
- The service took account of patients' individual needs.
- People could access the service when they needed it. The arrangements to admit, treat and discharge patients were in line with good practice.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff.

However:

- It was difficult for one chaplain to provide services to all who needed these because of the 10 sites across a large geographical area. This resulted in a limited service being available to those who needed it.

## Is the service well-led?

Good  

Our rating of well-led improved. We rated it as good because:

- The Trust had managers at all levels with the right skills and abilities to run a sustainable service providing high quality care. There was effective and professional leadership that encouraged and supported the delivery of person centred care.
- The Trust had a clear vision of the service it wanted to deliver to patients (and their relatives) requiring end of life care. It had workable plans to turn it into action developed with involvement from staff, patients, and key groups representing the local community.
- Managers across the Trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The Trust used a systematic approach to continually improving the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish.

# Community end of life care

- The service had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- The Trust collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security guards.
- The Trust engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.
- The Trust was committed to improving services by learning from when things go well and when they go wrong, promoting training, research and innovation.

## Outstanding practice

We found a number of examples of outstanding practice in this service.

- The Trust played a key role in facilitating working together of all providers to achieve the Ambitions for Palliative and End of Life Care. Each provider undertook a self-assessment against the six ambitions and shared these results. It was the self-assessment and the sharing of these results from each provider that helped the Trust design a vision and a strategy that had different organisations working in partnership to deliver that vision and strategy for the people of Dorset.
- The bereavement café that gave relatives hope and a sense of self belief that they are “worthy of love and belonging.”
- There was strong operational leadership lynchpin of the strategy. The energy, enthusiasm and support of the end of life care facilitator enthused staff across the system. The supported and nurtured staff by facilitating the embedding of end of life care in the organisation. Where these were not met, the end of life facilitator ensured additional bespoke support to those areas. It was this novel approach that enabled the Trust to have made such strident progress from the last inspection. Such a level of high support by one individual across a wide area like Dorset is uncommon.

## Areas for improvement

**Action the provider MUST or SHOULD take to improve:**

**The provider SHOULD ensure:**

- All staff complete mandatory training.
- That community and district nursing services have enough staff with the right qualifications, skills, training and experience to deliver high quality end of life care.
- Consistency in the understanding of the re-training period of staff using syringe driver.
- An equitable provision of chaplaincy service to meet the needs of all patients at the end of their life who require chaplaincy service.

# Mental health services

Click or tap here to enter text.

## Summary of mental health services

**Good**  

Our rating of these services improved. We rated them as good because:

- Three services improved from require improvement to good overall.
- One service improved from good to outstanding overall.
- We continue to rate three of the services inspected as good overall.

However:

- Our rating for acute wards for adults of working age and psychiatric intensive care units went down overall from outstanding to good.
- We continue to rate as require improvement mental health crisis services and health based places of safety.
- We identified action the Trust must take to comply with its legal obligations in four of the services we inspected this time. See areas for improvement section above for details.

# Forensic inpatient or secure wards

Good   

## Key facts and figures

The Trust provides 12 male low secure forensic beds in one ward (Twynham ward) at St Ann's hospital for the whole of Dorset. The beds are for adults of working age.

Low secure forensic services provide mental health inpatient care to patients who are acutely unwell and have a history of criminal offences or present a risk to others that cannot be managed in an acute inpatient ward.

We inspected all five key questions and followed up on breaches of regulation we had found on our last inspection in 2015.

Our inspection was announced (staff knew we were coming) to ensure that everyone we needed to talk to was available.

During the inspection visit, the inspection team:

- spoke with three patients who were using the service and collected five comment cards
- spoke with the manager for the ward and the service manager
- spoke with five other staff members; including nursing staff, an occupational therapist and a psychiatrist
- observed a handover meetings and a psychosocial therapy group;
- reviewed five patient records and all 11 medicines charts.

Our overall rating of this service stayed the same. We rated it as good because:

- There had been significant changes since our last inspection, led by a new service manager. At our last inspection in 2015, we found evidence that patients' ability to take leave was based on whether they attended groups or not. Since then, staff had reviewed the Trusts leave policy and access to leave was longer based on whether they attended groups.
- The Trust had made multiple changes to the ward environment and security protocols to make the ward a safe place. Staff had addressed environmental risks and now had better visibility of the ward. Following building work patients could remain within a secure perimeter during a ward evacuation. There were improvements to Trust search protocols and there was a random room search plan as well as an individual risk based search plan in place. Learning had taken place from incidents.
- There had been changes to the staff team, including both management and healthcare professionals providing care on the ward. This had led to an improvement in staff morale, and patient feedback was universally positive about the staff team. We saw that staff were treating patients with respect and dignity.
- Staff were using relevant legislation, as well as national guidance to provide care to patients. We spoke with staff that were knowledgeable about the Mental Health Act and the Mental Capacity Act and saw in the patient records that these legislations were being followed. Staff prescribed medicines within nationally recognised limits (from the British National Formulary) and patients had access to therapies recommended by the National Institute for Health and Care Excellence.

# Forensic inpatient or secure wards

- Staff were able to hear, and respond to patients' feedback in a number of ways. We saw that there was a robust structure to support patients to feedback on the care they were receiving and pass on any concerns or complaints they had to staff. Staff could also meet the dietary or religious needs of patients.

However:

- There had been a period of change and instability on the ward; this was reflected in the data that the Trust had provided to us on shift fill rates, appraisals and mandatory training. This data provided reflected the situation several months before the inspection during the main period when the changes were taking place. Staff provided assurance that they were making progress in these areas since this data was given to us. However, the recent changes to the staff team (management and direct clinical staff) had meant that there was still work needed to embed the changes made and improving performance in those areas.
- While there had been a lot of structural changes to improve safety, there were still no bathing or adapted toilet facilities for those needing disabled access. Staff said they would refer patients that had those needs to other wards that did have the facilities.

## Summary of this service

Our rating of this service stayed the same. We rated it as good because:

A summary of our findings about this service appears in the overall summary.

## Is the service safe?

**Good** ● ↑

Our rating of safe improved. We rated it as good because:

- There had been a substantial improvement in the security protocols on the ward since our last inspection in 2015. At the last inspection, we noted a lack of procedural security; staff now had stronger protocols around 'banned items' and patient and room searches. We also saw that there had been changes to the environment to make it more secure (for example, reinforcing doors) and allow greater visibility for staff (through CCTV and mirrors).
- Risk assessments were completed and mechanisms were in place to verify this. We reviewed five records and found that four out of five had been completed fully in a timely manner. We also saw the most recent care plan audit demonstrated staff were monitoring the quality of their records and setting action plans where they needed to achieve more.
- Staff had made the care on the ward less restrictive, since our last inspection in 2015. Staff used the safer wards model to try to reduce the need for restraint and it was now rarely used. The leave policy was clear that staff could not cancel leave if patients did not attend groups. Seclusion was rare, and the ward had recently renovated the seclusion room to fit with the specifications outlined in the Mental Health Act Code of Practice.

However:

- The Trust reported that staffing had been a problem in the past. There were gaps in the fill rates of nursing shifts that could not be met with agency or bank historically. Staff told us this had changed and further interviews for new staff were due the week after this inspection.

# Forensic inpatient or secure wards

- Overall, the ward had a mandatory training compliance rate (number of staff up to date) of 85% but it was lower than this for five courses. All of the staff we spoke with said that this had improved recently, and that there was a programme for them to stay up to date with training.

## Is the service effective?

Good ● → ←

Our rating of effective stayed the same. We rated it as good because:

- Staff were assessing patients' needs in a holistic and patient centred way. We saw that care plans included the views of patients as well as covering the range of their needs including activities, therapeutic needs, physical health needs and social needs. Staff audited their care records to ensure they covered these needs with patients.
- The ward had a good mix of professionals and patients had access to a full multi-disciplinary care team. There was a range of visiting professionals, as well as a dedicated clinical psychologist, nursing team, psychiatrist and occupational therapist.
- Staff took national guidance into account when providing care. We saw that antipsychotic medicines were prescribed within recommended limits, and that patients had access to psychological therapies as recommended by the National Institute for Health and Care Excellence.
- Staff were aware of relevant legislation when providing care. All staff we spoke with were aware of the principles of the Mental Capacity Act and showed a good knowledge of the Mental Health Act. They had access to the correct paperwork for detained patients and could obtain advice from a central point within the Trust.

However:

- The Trust reported figures that showed appraisal rates and supervision rates were lower than expected. However, during our inspection we saw that staff had access to a range of informal supervision alongside formal clinical and managerial supervision sessions. Staff told us that recent recruitment had meant they were embedding a supervision structure to help measure this. All of the staff we spoke with had received an appraisal.

## Is the service caring?

Good ● → ←

See guidance note ICS 4 then add your text after the standard text paragraph below (and delete this help text).

Our rating of caring stayed the same. We rated it as good because:

- Staff provided respectful and empathic care to patients. We saw evidence of this in the way they treated patients while we were on the ward. Patient feedback was very positive about the staff and they said they felt involved in their own care.
- Staff included patients in their care. There were patient representatives that attended the monthly staff meetings, as well as daily meetings and weekly residents meetings where patients could feedback on the care they were receiving. We saw evidence of where patient feedback had guided practice and changed the forms used to note down patients leave.

# Forensic inpatient or secure wards

## Is the service responsive?

Good  → ←

See guidance note ICS 4 then add your text after the standard text paragraph below (and delete this help text).

Our rating of responsive stayed the same. We rated it as good because:

- Staff managed bed space appropriately. Renovations had meant that the ward had two extra beds in comparison to the last inspection in 2015. Staff told us that patient's beds were kept for them when they went on leave. Staff were proud that their average length of stay was lower than the national average, and that they had no re-admissions within 28 days between 1 July 2016 and 30 June 2017.
- The ward had a range of facilities that helped staff provide care, and met the needs of patients. There were rooms that could be used for 1:1 care, a ward kitchen, lounge, as well as a computer room and access to a ward phone for patients to keep in contact. Patients had supervised access to a courtyard and there were facilities for them to make snacks and drinks.
- Staff could cater for patients dietary and religious needs. All food was prepared on site and could meet peoples' dietary preferences, and a chaplain visited weekly and could arrange for other religious leaders to visit to meet with patients to discuss their faith.
- Patients were aware of and felt free to pass on complaints and compliments to the team. There were multiple forums for patients to raise concerns, and they received information on how to complain in their welcome pack to the ward. The ward had received two complaints between 1 July 2016 and 30 June 2017 and had received 11 compliments.

However:

- While the ward was on the ground level of the hospital and doors were wide enough to allow access by wheelchair there were no adapted bathroom or bathing facilities for people who needed disabled access. Staff said that because they were part of a network of low secure forensic hospitals, they could transfer patients with those needs to a setting that could meet their needs.

## Is the service well-led?

Good  → ←

Our rating of well-led stayed the same. We rated it as good because:

- Staff were universally positive about the new managers of the ward. They said that the new ward manager welcomed ideas to improve care and that the service manager had helped to put in place a lot of changes to improve the ward. They said that morale was good because of these changes.
- Staff monitored their performance against set criteria and worked to address any issues that were highlighted by these checks. The ward reported on key performance indicators as part of their commissioning arrangements, and we saw evidence of them implementing audits and setting action plans where things needed to improve.
- Staff knew and valued the Trust values and embodied them in their work. While there was no set ward vision or objectives, it was clear from the changes that had happened since our last inspection (in 2015) that staff embodied the Trust values and applied them to their work. There had been a lot of changes both to the environment, and to the staff team since our last inspection and the team mood was positive.

# Forensic inpatient or secure wards

- Staff were preparing for a visit from a nationally recognised quality network (CCQI, Royal College of Psychiatry) and working for accreditation.



# Child and adolescent mental health wards

**Outstanding** ☆ ↑

## Key facts and figures

Pebble Lodge is an inpatient mental health ward (Tier 3) for children and young people. It is located Alumhurst Road in Bournemouth, a location which also includes inpatient mental health services for adults and community mental health services for adults and children and young people.

Pebble Lodge has ten beds, is mixed-sex and treats young people aged between 12 and 18 years. It provides 24-hour specialist psychiatrist care and treatment for those with, emotional or mental health difficulties. Pebble Lodge has an on-site school, the Quay school that is registered with Ofsted (Office for standards in education, children's services and skills) and rated outstanding at its most recent Ofsted inspection in March 2015.

The previous inspection in June 2015 rated Pebble Lodge as Good across all areas.

Before the inspection visit, we reviewed information that we held about these services and asked a range of other organisations for information.

During the inspection visit, the inspection team:

- visited Pebble Lodge and specifically checked the environment
- interviewed the ward manager and the interim ward manager
- checked the clinic room and all medicine cards
- spoke with two band 5 nurses and one band 6 nurse
- reviewed six health care records
- spoke with two carers of two young people that were at Pebble Lodge
- spoke with six young people in a focus group
- spoke with six staff in a focus group
- spoke with two doctors
- and reviewed a number of policies, meetings minutes and assessments related to the running of the ward.

Our overall rating of this service improved. We rated it as outstanding because:

- Pebble Lodge was an excellent example of positive risk taking that had shown to improve care for children and young people. For example, the team had opened up areas of the ward previously locked to children and young people and as a result had a reduction in restraint. Staff were safe in their practice by risk assessing the young people admitted and the environment they were admitted to. Risk documentation was comprehensive and up to date; staff ensured that the risk assessment process was collaborative with the young person.
- All areas of concern raised at the previous inspection had been addressed and the staff on the ward had gone above and beyond what was required in making the changes.

# Child and adolescent mental health wards

- Staff worked with children and young people to create care plans that were meaningful to them. Children and young people then made their own portfolio of their care plans in order to have it in a format that was meaningful to them. Staff used National Institute for Health and Care Excellence best practice guidance such as dialectical behavioural therapy in individual and group form. Recognised assessment tools were used to measure severity and staff used outcome measures while auditing their effectiveness.
- There was a strong emphasis on young people being part of the community. They raised money for a chosen charity each month and the work they had done with this allowed them to volunteer at certain sites such as a farm. Young people engaged with local business to secure items for the ward and they used their enterprising skills to raise money for musical instruments. Staff worked to get children and young people who had previously received care onto the ward to show the 'living face' of recovery. This peer specialist role had won the staff at Pebble Lodge a national award in engaging young people and the public. Young people's strengths and interests were used to promote recovery.
- Activities took place on and off the ward and included trips out to, for example, go shooting, archery, swimming and surfing. Young people planned their week in order to structure their time and get into routine in order to make positive changes. Facilities such as a salon, pool table and computer games room were all open for young people to use. There was an area for young people to go if they were experiencing heightened emotion and wanted a quiet separate place to be.
- The environment was clean and well maintained. Medicines were stored effectively and the clinic room was in good order. An infection control lead was appointed to the ward and we found that infection control procedures were followed.
- The ward was well staffed and there was minimal use of bank staff, there was no use of agency staff. Staff were experienced in their roles and they had access to specialist training. They received a yearly appraisal and regular supervision. Morale within the team was excellent and staff showed that they were knowledgeable of working in inpatient CAMHS and were passionate about their jobs.
- There were universally positive reports about the staff from both children and young people and their parents or carers. Views were sought and changes were made to the ward following their feedback. Parents were provided with a three weekly parents evening to educate them on areas of treatment and care and to meet the manager.
- The ward was able to respond to children and young people of varying ethnic origins through providing information on different languages, meeting diet needs or accessing an interpreter. Staff showed that they were knowledgeable of the complaints process. Adjustments had been made for physically disabled people.

However:

- Children and young people reported that over the summer there were activities cancelled due to staffing pressures.
- Sickness and turnover rates were above the Trust average.
- There was no local psychiatric intensive care unit (PICU) for children and young people that required more intensive support. There were 11 delayed discharges but these were due to reasons out of the wards control.

## Summary of this service

Our rating of this service improved. We rated it as outstanding.

# Child and adolescent mental health wards

A summary of our findings about this service appears in the overall summary.

## Is the service safe?

**Good** ● → ←

Our rating of safe stayed the same. We rated it as good because:

- Work had taken place to reduce restrictive practice on the ward. Staff had opened up areas of the ward previously locked off to young people. As a result, they had seen a significant reduction in incidents and restraint. Restraint was an area of improvement identified at the previous inspection.
- The environment was very clean and well maintained. Assessments of ligature points had taken place; staff then risk assessed young people individually for their ligature risk and mitigated risks through care planning and observations. Staff held personal alarms to call for help.
- The ward was staffed with nurses and support workers through the day and night. They had brought in an extra person for a twilight shift due to the higher incident rate in the afternoon and evening. There was low use of bank staff and no use of agency staff.
- All young people admitted to the ward had a thorough risk assessment undertaken by staff. The risk assessments we reviewed were comprehensive and up to date. Staff knew how to identify abuse and how to safeguard young people. Safeguarding processes were followed.
- Staff adhered to infection control principles. Medicines were managed effectively and the clinic room was well stocked and in good order. The previous inspection had found issues with medicines reconciliation; this had been rectified.

However:

- Children and young people reported that over the summer there were activities cancelled due to staffing pressures.
- Sickness and turnover rates were above the Trust average.

## Is the service effective?

**Outstanding** ☆ ↑

Our rating of effective improved. We rated it as outstanding because:

- There was a truly holistic approach to assessing, planning and delivering care to young people. Young people adapted care plans into a format that they could relate to and understand. Care plans were written together with staff and young person. We reviewed seven sets of care records and found the range of care plans to be diverse and of a high standard. Care planning included planning for a young person's week in order to initiate meaningful activity and routine.
- The ward followed National Institute for Health and Care Excellence best practice guidance. Psychological therapies were offered and there were staff trained in dialectical behaviour therapy (DBT) who provided individual and group DBT skills work. Occupational therapy was provided and had a real focus on the interests and strengths of children and young people.

# Child and adolescent mental health wards

- All staff were engaged in activities to monitor and improve outcomes. Staff used recognised assessment tools to measure severity and progress. Outcome measures were used and these were audited for their completion and effectiveness. The audit showed a positive effective of the ward in supporting children and young people to achieve positive outcomes.
- Staff were proactive in engaging young people in order to provide positive and effective support. Young people used zones of regulation in order to break down communication barriers at times when their emotions may be heightened. This allowed them to use a colour to describe their mood rather than to describe it themselves.
- Staff were skilled in working with young people and received regular support and supervision. Specialist training was available to further develop careers.
- There was a holistic approach to planning discharge. Handover and multidisciplinary team meetings were effective and occurred regularly. Staff worked closely with community mental health teams and social services. They invited community teams to ward reviews and care programme approach meetings.
- Staff followed the requirements of the Mental Health Act and the Mental Capacity Act. There was evidence of capacity assessments taking place and use of Gillick Competency for young people under the age of 16.

## Is the service caring?

**Outstanding** ☆ ↑

Our rating of caring improved. We rated it as outstanding because:

- The care of young people was the primary concern for staff. Staff were knowledgeable of individual patient need, were caring and treated children and young people with dignity and respect. There was a relaxed atmosphere on the ward.
- Care plans consistently demonstrated young people were involved in their creation and were innovative in their nature. Young people were fully involved in the case programme approach process by writing their own reports for the meeting.
- Young people were consistently consulted on changes to the environment and in decisions made in the running of the ward. Room names had been changed to young people's favourite film names to make them more appropriate to the age group. Young people were consulted about what questions they wanted to ask potential new staff at interview.
- Young people were active partners in their care and activities, and staff were empowering in their approach to this. Young people chose a 'charity of the month' to raise money for. They had raised close to £1000 at the time of the inspection for various charities. The charity work had seen them selling items that they had made themselves to senior members of the Trust when they had set up a stall in their building. Relationships with local charities were created and meant that young people could volunteer, for example, at a farm looking after animals and helping farm for the farm shop. All had shown to have positive benefits on outcomes, recovery and the well-being of the children and young people.
- Through a 'Dragons Den' style competition young people had secured a large sum of money to purchase musical instruments for the ward.
- There was a strong, visible person centred approach incorporating young persons' views as well as their families. Patient views were sought through an online survey and through the friends and family test. An advocate chaired a meeting weekly that staff were not allowed to attend. Any issues were then fed back to the ward staff.

# Child and adolescent mental health wards

- Staff had worked to secure a peer specialist role for discharged children and young people over the age of 18 to come back and work on the ward. The ward had devised its own boundaries and training for these young people. This showed the living face of recovery to young people.

## Is the service responsive?

**Good** ● → ←

Our rating of responsive stayed the same. We rated it as good because:

- Young people were encouraged to engage with the wider community. A variety of activities took place on and off the ward. Staff had worked with local businesses to secure items for the ward and for young people to go in and experience their work.
- Adjustments had been made to provide a service to those with a physical disability. Interpreters were available and there was information in different languages. The chef was able to cater for different dietary requirements and was on hand to educate young people in healthy eating.
- There were a variety of rooms and facilities such as an activity room with a hair salon, pool table and computer games room. The previous inspection had found broken furniture in the garden, this had been rectified and the garden had nice furniture and was equipped with games.
- Young people knew how to make a complaint, staff were aware of the complaints process. There had been one complaint relating to transition to the adult service over the previous year.
- Young people were provided with their own room and were free to personalise it as they wished.
- There were no out of area placements over the previous year.

However:

- There was no local psychiatric intensive care unit (PICU) for children and young people that required more intensive support. There were 11 delayed discharges but these were due to reasons out of the ward's control.

## Is the service well-led?

**Outstanding** ☆ ↑

Our rating of well-led improved. We rated it as outstanding because:

- The ward's strategy and supporting objectives were challenging and innovative while remaining achievable. They had created their own values and ethos for the care they provided based on the values of the Trust. Staff were aware of their immediate managers and the senior managers within the Trust.
- Governance and performance management arrangements were proactively reviewed and reflected best practice. All issues that were identified at the previous inspection had been addressed.
- The leadership drove continuous improvement. There was a proactive approach to achieving sustainable changes in care. There was a positive approach to risk taking on the ward, and work on restrictive practices had shown that opening up areas of the ward and working with young people had led to a reduction in incidents of restraint.

# Child and adolescent mental health wards

- There was a high level of staff satisfaction and strong collaboration. Morale within the team was good, and the staff and managers were supportive of each other and passionate about their jobs. Staff were aware of the whistleblowing policy and were confident they would use it if needed.
- Staff listened to feedback from parents and young people, supported them and made changes as a result of the feedback.
- Staff had won a national award for engaging young people and the public. The ward was Quality Network for Inpatient CAMHS accredited.
- The manager used key performance indicators effectively to measure the performance of practice in areas such as risk assessments and care planning.

## Outstanding practice

Young people had taken the care plans they had created and transferred the information onto their own designed template, for example, one with a background of a cartoon or colour so that it was more meaningful to them. This was due to staff feeling the electronic template was not appropriate for the client age group. Staff ensured that young people had a copy of their care plan and had ownership of it in a format they could understand, care plans were kept on young people in their own portfolio.

Staff educated young people on zones of regulation to identify 'zones' they were in with their mental state. Using this information, they were then guided by what the potential risks for the patient were and how they might be able to help them. For example, a patient in a red zone may be at risk of self-harm. Young people kept cards on them and had posters on their wall as well as in their care plan portfolio providing them with information on what colour zone they might be in.

Young people had been consulted on the names of the rooms, room names had changed to make them more appropriately to the age group. For example, room names were changed to names of favourite films such as 'The Chamber of Secrets'.

Each month young people decided on a charity they would like to raise money for. At the time of the inspection, they had raised close to £1000 for local charities of their choice. This had built bridges with local charities such as the RSPCA, which meant that young people were able to go and interact with the animals. We found that young people had created items to sell such as nurture boxes, dog biscuits and cakes and sold them to senior workers within the Trust by basing a stall outside their offices. Staff reported that this was incredibly good for young people's self-esteem.

Following building a relationship with a local farm, young people were given the opportunity to volunteer there. The work included learning about and practically looking after the animals as well as growing some of their vegetables, eventually to be sold in the farm shop they were developing.

Staff supported young people in a 'Dragons Den' type competition to win money for musical instruments for the hospital. They created a plan of what they were going to buy and costed it in order to pitch the plan to the 'dragons'. The result was the young people winning £3500 for the ward to spend on musical instruments.

Over a four-year period, the staff had worked on getting a 'peer specialists' project off the ground. The peer specialist, employed by Dorset Mental Health Forum, gave young people over the age of 18 who had been at Pebble Lodge the ability to show young people lived experience of mental health problems. The ward had devised its own training for peer specialists and created boundaries. Eight ex-young people had been trained at the time of the inspection and were involved with working on the ward, creating policies and leaflets and in recruitment.

The hospital had created a three weekly evening exclusively for parents, this was started following staff attendance at a Quality Network for Inpatient CAMHS (QNIC) conference on engaging parents. Staff educated parents on subjects at their

# Child and adolescent mental health wards

request; the group was directed by the parents but facilitated by staff. For example, doctors educated them on diagnoses and medication. This was also an opportunity for parents to meet with the ward manager regularly. Feedback from parents we spoke with said this was very good and informative and that they were invited to comment on the service. For example, following feedback from parents and carers cushions had been placed in the reception area and a small television had been ordered to put in the family room.

The local milkshake business regularly opened its doors to the young people in the evening so that they could make their own milkshakes. Young people were shown how to make a milkshake and were free to create their own concoction. Staff felt that they were good at integrating young people into community life and activities. Young people said there was always something to do.

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

Good  

## Key facts and figures

This service provides care and treatment for adults aged 18 to 65 who need to be in hospital for their mental health problems. It has a total of 103 beds spread over six wards, based across three hospital sites throughout Dorset.

Seaview Ward is a mixed-gender assessment unit and provides acute and psychiatric intensive care PICU pathway with 14 beds. It is situated at the St Ann's Hospital in Poole. This is where patients are first admitted for an initial assessment of their needs and treatment options, and then transferred to the appropriate acute or PICU unit.

Chine Ward (previously named Dudsbury Ward) is a female acute unit at St Ann's Hospital in Poole, with 17 beds.

Harbour Ward is a male acute unit at St Ann's Hospital in Poole, with 16 beds.

Haven is a PICU ward at St Ann's Hospital in Poole which is split into a five bedded female and seven bedded male unit.

Waterston is a mixed-gender assessment unit in the acute and PICU pathway with 14 beds. It is based at the Forston Clinic in Dorchester. This is where patients are first admitted for an initial assessment of their needs and treatment options, and then transferred to the appropriate acute or PICU unit.

Linden Unit is a mixed-gender acute unit based at the Westhaven Hospital in Weymouth, with 15 beds.

Before the inspection visit, we reviewed information that we held about these services and asked a range of organisations for information.

During the inspection, the inspection team:

- visited all six wards at the four hospital sites, looked at the quality of the ward environment and observed how staff were caring for patients
- spoke with 19 patients who were using the service
- spoke with three carers of patients who were using the service
- spoke with six ward managers or acting ward managers
- interviewed 34 staff including consultants, ward doctors, staff nurses, healthcare assistants, psychologists, assistant psychologists, occupational therapists, assistant occupational therapists, social workers and domestic staff
- reviewed 33 care records of patients
- reviewed 28 patient medication charts
- reviewed 43 patient comment cards
- attended various ward activities including handovers, peer supervision groups, clinical review meetings, and patient activity groups
- carried out a specific check of the medication management on all of the wards
- looked at policies, procedures and other documents relating to the running of the service

Our overall rating of this service went down. We rated it as good because:



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

- The wards were clean and tidy and the furniture appropriate and well-maintained.
- The staffing levels had improved since the staffing numbers were last submitted (30 June 2017) and most of the wards were now on or close to establishment levels.
- We saw good practice in the use of dialectical behaviour therapy (DBT) on Chine and Linden wards and staff displayed a good level of knowledge of psychological therapies and benefits.
- Staff members demonstrated good awareness of processes related to reporting incidents, and learning from incidents. They were able to share examples of where incidents and complaints had led to an improvement in the service.
- Patients on all the wards were complimentary about the staff and said that felt treated with dignity, respect and kindness. Staff were always on hand to help, and they felt listened to. Patients felt that staff members were open to feedback.
- The managers on all wards shared learning through a regular acute managers' meeting. This learning was disseminated to ward staff through handovers, team meetings and supervision.
- The wards had a good range of rooms and equipment available, including space for consultations, therapeutic activities and treatment. On all wards, except Chine, patient had their own ensuite bedrooms.

However:

- We found a number of ligature risks on four of the wards (Chine, Harbour, Waterston and Linden) which had not been identified or mitigated effectively.
- On three of the wards (Chine, Linden and Waterston), patients' risk assessments did not always coordinate with their care plans. Care plans were not always updated after an incident and we found instances where actions had not been properly noted on the patient's care plan.
- Medicines were not always being managed in a safe way. On Haven ward and Waterston Unit, Some instances of 'as required' medications (PRN) were not reviewed on a regular basis. We also found on Chine and Harbour ward that the High Dose Antipsychotic Therapy (HDAT) care plan was not always in place where HDAT was administered to a patient. The care plan did not always correspond with the prescription practices to reflect why some medications were administered.
- There was no occupational therapist on Harbour ward and as such there was a limited activity programme which led to patients feeling frustrated and on occasion, bored.

## Summary of this service

Our rating of this service went down. We rated it as good because:

A summary of our findings about this service appears in the overall summary.

## Is the service safe?

**Requires improvement** ● ↓

See guidance note ICS 4 then add your text after the standard text paragraph below (and delete this help text).

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

Our rating of safe went down. We rated it as requires improvement because:

- We found a number of ligature risks on four of the wards (Chine, Harbour, Waterston and Linden) which had not been identified or mitigated effectively.
- While on site, a near-miss incident took place on Waterston unit where a patient was locked out in the garden without supervision. We raised this to the Trust, as it could present a potential hazard for patients with ligature risks, as the garden had a number of ligature points. The garden area had later been re-designated as a supervised access area only.
- The risk assessments did not always coordinate with the care plans. The care plans were not always updated after an incident and we found a few instances where actions had not been properly noted on the care plan.
- Medicines were not always being managed in a safe way. Some instances of when required medications (PRN) were not reviewed on a regular basis. We also found that the High Dose Antipsychotic Therapy (HDAT) care plan was not always in place where HDAT was administered to a patient. The care plan did not always correspond with the prescription practices to reflect why some medications were administered.

However:

- The wards were clean and tidy and the furniture appropriate and well-maintained. The staffing levels had improved since the staffing numbers were last submitted and most of the wards were on or close to establishment levels.

## Is the service effective?

Good   

Our rating of effective stayed the same. We rated it as good because:

- The wards had effective multi-disciplinary and inter-agency teamwork.
- We saw good practice in the use of DBT on Chine and Linden wards and staff displayed a good level of psychological knowledge.
- The service made good use of and adhered to National Institute for Health and Care Excellence (NICE) guidance, in providing alternatives to medication with the use of some therapeutic activities.
- Staff had completed their mandatory training and had access to specialist training.

However:

- The provision of psychology across the acute services was stretched. There was only one psychologist to cover five wards on the St Ann's Hospital site. This meant that not every patient could be seen in a timely manner, and that patients did not get extensive psychological therapy.
- Across all the wards, some of the care plans we reviewed were generic.

## Is the service caring?

Good  

Our rating of caring went down. We rated it as good because:

- Staff displayed a keen awareness of patients' needs and care.

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

- Staff treated patients with dignity and respect. Patients spoke positively of the staff members.
- All the wards were open to patient feedback. Some wards held patient review meetings to review the previous day, and plan for the day ahead.

However:

- Not all patients felt involved in the care that they received and care plans did not demonstrate that they had taken patients' views into account.

## Is the service responsive?

Good  

Our rating of responsive went down. We rated it as good because:

- The wards had a full range of rooms and equipment to support the treatment and care of patients.
- Patients had access to outdoor space, and in some of the wards this space had been creatively used for therapeutic exercises and sessions.
- Most of the wards had a good range of activity and occupational therapy timetable to suit the patients' needs.
- The service has creatively involved peer specialists to deliver training, and support staff in planning patients' care so that it was more patient-centred. Peer specialists are people who have previously been through the acute or PICU care pathway as patients, and have carried out training to help support current patients.

However:

- There was no occupational therapist on Harbour ward and as such there was a limited activity programme which led to patients feeling frustrated and on occasion, bored.
- There was an issue in relation to a number of shared bedrooms on Chine Ward, where two patients shared a bedroom with a divider curtain between their sleeping areas. This potentially impacted on the privacy and dignity of patients using those rooms. The trust was aware that these specific sleeping arrangements were inappropriate and had plans to make the necessary changes over the next two years to ensure all patients had single rooms.

## Is the service well-led?

Good   

Our rating of well-led stayed the same. We rated it as good because:

- Staff members told us that the managers were highly supportive and approachable. They felt listened to and supported in their roles.
- We felt that managers were supportive of staff's personal development and training.
- The managers on all wards shared learning through a regular acute managers' meeting.
- On Haven Ward, a registered nurse was employed to lead the physical health screening and physical healthcare plans of patients. This role was developed in response to an incident that occurred earlier this year in which a patients' physical health was compromised. In learning from the incident, all patients are screened regularly for physical health.

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

However:

- The estates management team did not always respond in a timely manner, and essential maintenance had not always been carried out to a safe standard. The trust had since implemented a number of training courses for estates staff around ligature risks. In recent changes, managers had also been given the responsibility for the final sign-off for maintenance works carried out on the ward to ensure good standards.

## Areas for improvement

### Action the provider **MUST** or **SHOULD** take to improve:

Action the provider **MUST** take to improve:

- The provider must take steps to ensure that risks with the environment, including ligature risks, are effectively mitigated.
- The provider must address the safety issues presented with sharing bedrooms.

Action the provider **SHOULD** take to improve:

- The provider should ensure that care records, risk assessments, incident records and prescription charts all correlate to one another.
- The provider should ensure that staff have full line of sight of areas of the ward, and that blind spots are effectively mitigated.
- The provider should review the provision of psychology across the acute services.
- The provider should review the use of shared bedrooms on Chine Ward and make any changes necessary, within a reasonable and practicable timescale, to ensure all bedrooms maintain patients' privacy and dignity.

# Community-based mental health services for older people

Good  

## Key facts and figures

Dorset University NHS Foundation Trust has thirteen community mental health teams (CMHTs) for older people. The CMHTs have a mix of staff who are specially trained in dealing with mental health problems in older people such as depression, anxiety disorders, schizophrenia and dementia.

As part of our inspection of this core service, we inspected the following locations:

Poole Older Persons' Community Mental Health Team Alderney Day Hospital and Memory Assessment Service

Weymouth & Portland Older Persons' Community Mental Health Team

Bridport Older Persons' Community Mental Health Team

Shaftsbury Older Persons' Community Mental Health Team

Sherborne Older Persons' Community Mental Health Team

The previous inspection rated the Older Persons' Community Mental Health Teams as Requires Improvement in 'Effective' and 'Well-Led' and Good in 'Safe' 'Caring' and 'Responsive'.

We inspected all five key questions.

Our inspection was announced (staff knew we were coming) to ensure that everyone we needed to talk to was available.

During the inspection visit, the inspection team:

- visited each environment where patients attended the premises
- checked the clinic room and medicine charts where applicable
- interviewed the team leaders
- spoke with 51 clinical staff in five focus groups and one-to-one interviews
- we spoke with 32 non-clinical staff in five focus groups and one-to-one interviews
- reviewed 24 care records
- we spoke with 46 patients and carers individually and in focus groups
- we spoke with three psychiatrists
- we spoke with two psychologists
- we reviewed policies, meeting minutes, training and supervision records and audits

## Summary of this service

Our rating of this service improved. We rated it as good because:

- The core service improved overall from requires improvement to good.

# Community-based mental health services for older people

## Is the service safe?

Good   

Our rating of safe stayed the same. We rated it as good because:

- Turnover of staff and sickness rates were low across all teams. Staff vacancy rates were low across all teams and there was no use of agency staff. Most teams had a full complement of staff.
- Staff told us that caseloads were manageable and caseloads of patients in the Alderney team were lower than other teams. Staff met patients within agreed timescales.
- Staff completed risk assessments and risk management plans, risks were reviewed through ongoing assessment.
- Staff followed good practice with the administration of medication. Patient's medicine charts were kept in good condition and there had only been one medicine error in the previous twelve months.
- There were good infection control practices in all teams.
- There had been no serious incidents in the previous twelve months. There had been few non-serious incidents in the previous twelve months. There were systems in place for staff to learn from incidents that happened across the trust.
- Staff completed mandatory training in safeguarding adults and children. Staff told us they knew how to recognise and report abuse and felt able to raise concerns.
- The environments in each of the buildings where patients visited were safe and clean. Interview rooms were available and there were systems in place to raise the alarm if needed. Most interview rooms were soundproofed. The interview room at The Alderney building required further soundproofing and the team leader had ordered a new door.
- Clinic rooms were well equipped and maintained. Staff made sure equipment was calibrated and monitored.
- Most buildings where patients visited had disabled access toilets. The Alderney team had put a business case forward to the trust to have a disabled toilet fitted.

However:

- Although staff told us they knew how to recognise and report abuse and felt able to raise concerns, the trust had not met its target for the number of staff trained in safeguarding children level 3.

## Is the service effective?

Good  

- Our rating of Effective improved. We rated it as good because:
- Patients physical health was being monitored on assessment and thereafter within all but the Alderney team.
- Staff received regular supervision and appraisals. Staff felt the management team were approachable and available to discuss issues.
- Staff received a corporate induction and staff that were new to care were completing the care certificate.
- There were no disciplinary or performance issues across the teams.

# Community-based mental health services for older people

- Staff adhered to the Mental Health Act (MHA) code of practice. There was sufficient support for staff in applying the MHA. Patients received their rights where necessary.
- Staff showed good practice in applying the Mental Capacity Act. Staff knew the principles of the Mental Capacity Act and how to apply them. Patients were able to consent to their treatment.
- Staff were aware of and following National Institute for Clinical Excellence guidelines.
- There was good evidence of multidisciplinary and multiagency working. We received positive feedback from different members of the internal and external teams.
- Staff were involved in clinical and non-clinical audit. Audits were up-to-date and reviewed regularly.

However:

- The care plans did not show involvement of patients and were not personalised.
- There was an inconsistent approach at the Alderney team to the management of patient's physical health.

## Is the service caring?

Good   

Our rating of caring stayed the same. We rated it as good because:

- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- Patients felt involved in their care.
- Patients were treated with dignity and respect.

## Is the service responsive?

Good   

Our rating of responsive stayed the same. We rated it as good because:

- There were no waiting lists in any of the teams. Patients that presented as urgent and emergency referrals were seen within trust timescales.
- Delays and cancellations are minimal and managed appropriately. Patient visits were rarely cancelled.
- Services run on time. Patients were kept informed of any disruption to their care or treatment.
- There were minimal numbers of complaints across the teams. Patients felt confident to raise concerns and knew who to go to. Information leaflets on how to complain were available.
- Information leaflets were available to patients with information about services that they could access. Information on where to access education, advocacy, physical and mental well-being were displayed in the team buildings.

# Community-based mental health services for older people

## Is the service well-led?

Good ● ↑

Our rating of well-led improved. We rated it as good because:

- The leadership team worked well with the clinical leads and encouraged divisions to share learning across the trust.
- Staff morale was good and staff felt positive about their team and team leaders. Staff were enthusiastic and motivated.
- Staff were well trained to carry out their roles. There was suitably skilled and experienced staff to support patient's needs.
- There was a clear statement of vision and values, driven by quality and safety. It had been translated into a credible strategy and well-defined objectives. The vision, values and strategy were known to staff on all levels and they incorporated these into every day practice.
- Staff carried out health and safety checks to make sure they kept patients, visitors and employees safe, these were kept in order and regularly reviewed.
- Staff kept and maintained recruitment records.

## Outstanding practice

## Areas for improvement

**Action the provider MUST or SHOULD take to improve:**



# Specialist community mental health services for children and young people

Good   

## Key facts and figures

Dorset HealthCare University NHS Foundation Trust provides specialist community mental health services for children across Dorset from six community teams: Bournemouth and Christchurch, East Dorset, North Dorset, Poole, West Dorset, and Weymouth and Portland.

The community child and adolescent mental health services (CAMHS) offer assessment and treatment to children and young people up to the age of 18 years (and their families/carers) with mental health difficulties.

The community CAMHS teams offer services divided into two tiers. Tier two services offer services for those with mild to moderate emotional wellbeing and mental health problems. Tier three services offer specialist services for children and young people with moderate and severe mental health problems that are causing significant impairments in their day-to-day lives. The main working hours of the community CAMHS teams are nine to five Monday to Friday, although the service does offer some appointments outside of these hours. The community CAMHS teams also offer crisis and out-of-hours services.

The last comprehensive inspection in June 2015 rated the service as requires improvement overall. When re-inspected in March 2016 we rated this core service as good overall. However, we rated responsive as required improvement and told the Trust it must ensure there are sufficient numbers of suitably qualified, competent, and skilled staff to meet the needs of the people using the service. The Bournemouth and Christchurch and Weymouth and Portland services were not providing a service to children and young people within target waiting times due to vacancies and staff sickness at that time.

Before the inspection visit, we reviewed information that we held about these services and asked a range of other organisations for information.

During the inspection visit, the inspection team:

- visited Bournemouth and Christchurch, Poole, West Dorset and North Dorset services and looked at the environment
- interviewed the team managers for each service
- checked the clinic room at Bournemouth and Christchurch
- spoke with a range of staff including nurses of varying grades and psychiatrists
- reviewed 27 children and young people health care records
- spoke with seven carers of young people that were used the service
- spoke with two young people who use the service
- attended and observed multi-disciplinary meetings for each of the services
- reviewed a number of policies, meeting minutes and environmental assessments related to the running of the service.

Our overall rating of this service stayed the same. We rated it as good because:

- The areas where children and young people were seen were clean and tidy and the furniture appropriate and well maintained.

# Specialist community mental health services for children and young people

- Children and young people were assessed for risk at their first face-to-face appointment and risks were recorded on the electronic patient record. Children and young people, who had been assessed as high risk and were waiting for treatment were contacted regularly by a member of the crisis team.
- Incidents were reported and investigated and learning implemented. Staff were aware of the whistleblowing policy and how to escalate concerns.
- All of the CAMHS teams had met the referral to assessment targets except the Bournemouth and Christchurch team. All services were able to respond quickly to urgent referrals and assess children and young people within 24 hours.
- Staff were focussed on the well-being and recovery of young people. Staff took time to discuss any risks or concerns, seeking team input to ensure the best outcome for young people in their care. Young people told us that they felt involved in decisions about their care and were able to discuss any concerns with staff.
- The service offered a range of psychological therapies recommended by the National Institute for health and Care Excellence and staff were skilled and experienced in delivering these to a high standard. The teams offered a range of groups for children, young people families and carers. All young people and their families were offered a place on the Thinking Differently workshop.
- There was good multidisciplinary and interagency working. All services had good working links with safeguarding teams, social services, paediatric services, GPs and other specialist services.
- Ninety-seven percent (97%) of staff across the service had completed mandatory training at the time of the inspection. Staff were able to access additional specialist training dependent on their role; for example, specialist training in forensics, gender identity and cognitive behaviour therapy (CBT).
- Incidents were reported and investigated and learning implemented. Staff were aware of the whistleblowing policy and how to escalate concerns.
- Staff morale was generally good. Staff were positive about the leadership of both the Trust and community CAMHS. Staff were aware of the senior management team within the Trust, and told us that senior managers were visible and accessible.
- All staff we spoke with were aware of the Trust's vision and values. Staff understood what was happening with the Trust's 5-year strategy and annual plan. CAMHS was currently undergoing a strategic review and in the process of developing consistent systems and practices across all teams.

However:

- Staffing vacancies meant there were still long waiting times from assessment to treatment (we found this at our last inspection) and some staff had high caseloads, which they felt impacted on their ability to deliver care safely.
- Care plans did not contain individualised crisis plans. This meant that children and young people did not have a plan specific to their needs and had no clear information about how to reduce or address risky behaviour.
- Care plans varied in quality across all services, did not contain individualised crisis plans and were not written in a person-centred, age appropriate manner.
- Information was stored on the electronic system inconsistently across and within teams. It was not always possible to find information about individual children and young people's care.
- Not all carers we spoke with had been offered individual support or signposted to other support services external to the Trust. Carers also told us they had not received copies of the young person's care plan.

# Specialist community mental health services for children and young people

## Summary of this service

Our rating of this service stayed the same. We rated it as good because:

A summary of our findings about this service appears in the overall summary.

## Is the service safe?

**Requires improvement** ● ↓

Our rating of safe went down. We rated it as requires improvement because:

- Staff we spoke with consistently described challenges in recruitment and retention. At each of the four services we inspected, staff told us that staffing vacancies (20% for registered nurses) had the biggest impact on service delivery.
- Staffing vacancies affected staff's caseloads and their ability to manage them safely. Some staff had caseloads of up to 40 children and young people.
- There were no alarm systems in the rooms where staff met with children and young people at the Poole, West and North Dorset services. There was an alarm system in Bournemouth and Christchurch, but staff did not use it. Staff told us that children and young people assessed as a risk would be seen by two members of staff.
- Electronic records did not detail specific crisis plans. Following assessment, the assessing member of staff wrote to the young person's GP. A copy was sent to the young person and their parents (as appropriate). The letter provided detail of a generic crisis plan, which was very brief and gave contact details of the out of hours service, but did not give details of how to reduce or address risky behaviours or how to deal with each child or young person's crisis.
- Information was stored inconsistently on electronic records and it was difficult to locate information, which meant that staff did not easily have access to information about the risks or plans of care. This posed a risk to the care and treatment of children and young people, particularly when new or bank and agency staff came into the service.
- Only 40% of staff in the East Dorset team had completed safeguarding children level 3 training at the time of the inspection.

However:

- The areas where children and young people were seen were clean and tidy and the furniture appropriate and well maintained.
- Children and young people were assessed for risk at their first face-to-face appointment and risks were recorded on the electronic patient record. This was updated following any risk episodes. Records showed that a member of the crisis team contacted children and young people assessed as high risk, who were waiting for treatment, regularly.
- Completion for all mandatory training was 94% in July 2017 and had improved by 3% at the time of our inspection.
- Staff were able to demonstrate an understanding of safeguarding and were aware of how to access further support and advice.
- Staff adhered to lone working protocols.
- Incidents were managed well within the service and learning occurred as a result.

# Specialist community mental health services for children and young people

## Is the service effective?

Good   

Our rating of effective stayed the same. We rated it as good because:

- Each service had primary mental health workers who liaised with schools to undertake mental health support work. All services had good working links with safeguarding teams, social services and paediatric services.
- Staff liaised with paediatric services and GPs to ensure children and young peoples' physical health needs were met. The service referred children and young people with an eating disorder to a specialist service.
- The service offered a range of psychological therapies recommended by the National Institute for Health and Care Excellence (NICE) and staff were skilled and experience in delivering these to a high standard.
- Although it was in the very early stages of implementation, the service had adopted the THRIVE conceptual framework for CAMHS, an integrated, person centred and needs led approach to delivering services (need is measured under five categories; thriving, getting advice, getting help, getting more help and getting risk support) The model aimed to help young people feel good and cope well, focusing more on wellbeing than illness.
- The teams offered a range of groups for children and young people, families and carers. Groups included 'Thinking Differently', anxiety management and managing self-harm. All young people and their families were offered a place on the Thinking Differently workshop. This workshop gave them an opportunity to learn about CAMHS and decide if they were ready to make changes. Staff also taught some self-help skills in this workshop.
- Staff were able to access additional specialist training dependent on their role. For example, specialist training in forensics and gender identity was available, including cognitive behaviour therapy (CBT).
- There was an induction process in place for new staff including bank and agency staff.
- Weekly multidisciplinary team meetings were held. New referrals, caseload management, risks for children and young people and service risks, feedback received and learning from the wider Trust were discussed

However:

- We looked at records for 28 children and young people across all services and all had care plans in place. However, care plans varied in quality across services. Bournemouth and Poole teams wrote a formal letter to the children and young people's GP following assessment and copied in the children and young people. These letters were not always written in an accessible way for young people.
- There were significant delays for children and young people waiting to access psychology services due to staff vacancies.
- Some staff did not have access to regular clinical supervision.

## Is the service caring?

Good   

Our rating of caring stayed the same. We rated it as good because:

- Young people told us that they felt involved in decisions about their care and were able to discuss any concerns with staff. Children and young people told us that staff understood and responded to their needs and were respectful.

# Specialist community mental health services for children and young people

- Carers we spoke with told us that although they had not received copies of the child or young person's care plan, they had been fully included in the care planning process.
- Staff were focused on the well-being and recovery of young people. Staff took time to discuss any risks or concerns, seeking team input to ensure the best outcome for young people in their care.

However:

- Not all carers we spoke with had been offered individual support or signposted to other support services external to the Trust.

## Is the service responsive?

**Good** ● ↑

Our rating of responsive improved. We rated it as good because:

- All of the CAMHS teams had met the referral to assessment targets except the Bournemouth and Christchurch team.
- Urgent referrals were seen within 24 hours or the same day if needed. Staff would undertake home visits if required.
- The service accepted referrals from a range of sources. Referrals were screened daily by staff who assessed their urgency.
- Young people and carers told us that the teams responded promptly and appropriately to concerns and enquiries. They all had access to the team telephone numbers, individual clinician's telephone numbers, and emails. Carers said appointments were flexible to fit with their child's and their own needs.
- Staff were able to organise a rapid response for children and young people already on the teams' caseload and whose mental health was deteriorating.
- Each team had access to a crisis service, which worked between 8am and midnight. There was an on call system in place after midnight. Although the carers we spoke with were happy with the crisis service they received, there was limited access to crisis services between the hours of 1700hrs and midnight.
- All the services we visited had a range of rooms suitable for delivering therapeutic services to children and young people. Rooms were available for family and group therapy as well as individual interview rooms.
- There was good partnership working with young people from within Bournemouth, Poole and Dorset. Youth councils were being developed in partnership with the Trust and being supported by local authorities and Healthwatch.
- Information about care and treatment was displayed at each location. However, there was no information about independent advocacy services.
- Staff knew how to manage complaints and reported they were able to resolve most complaints from children and young peoples and their families informally. The majority of complaints were about waiting times and delays in assessments.

However:

- None of the teams met the Trust's target of 90% of children and young people receiving treatment within 16 weeks, but all those who were waiting were contacted regularly and could be seen if needed.

# Specialist community mental health services for children and young people

- Children and young people were not monitored in the waiting area at North Dorset CAMHS team base, which was located in a former ward on the hospital site. This meant that children and young people could potentially access unsupervised areas such as an adjacent ward. They could not get back to the waiting area if they did go through these doors.

## Is the service well-led?

Good   

Our rating of well-led stayed the same. We rated it as good because:

- Staff we spoke with were positive about the leadership of both the Trust and community CAMHS. Staff were aware of the senior management team within the Trust, and told us that senior managers were visible and accessible. All of the teams we visited had substantive managers in post.
- Staff understood what was happening with the Trust's 5 year strategy and annual plan. CAMHS was currently undergoing a strategic review and in the process of developing consistent systems and practices across all teams.
- All staff we spoke with were aware of the Trust's vision and values. The Trust's values were displayed in the clinic areas.
- Morale across community CAMHS was generally good, although staff reported that they felt pressured, due to workload, at times.
- The Trust had governance systems in place. CAMHS had its own dashboard, which contained comprehensive data on performance, which was produced and monitored on a monthly basis. Information included waiting times from referral to assessment and assessment to treatment for each team.
- Ninety seven per cent (97%) of staff in CAMHS had completed mandatory training at the time of the inspection.
- Staff participated in clinical audit and followed National Institute for Health and Care Excellence (NICE) guidelines in their delivery of care and treatment.
- The Trust kept a risk register, to which all staff could add risk items. The team manager could escalate risks to the Trust-wide risk register. Teams discussed risks at the team meetings and made changes to practice based on risk and learning from complaints, compliments and incidents.
- Staff had access to the equipment and information technology needed to do their work. The information technology infrastructure, including telephone system, worked well and helped improve the quality of care.

However:

- Waiting times for treatment were longer than the Trust's own target and breached national guidelines. There were long waits to see a psychologist.
- Staffing shortages had impacted on the length of time children and young people had to wait for treatment and some staff had large caseloads, which they did not feel was safe
- Information was stored inconsistently on the electronic system across and within teams. It was not always possible to find information about individual children and young people's care.

## Areas for improvement

**Action the provider MUST or SHOULD take to improve:**

# Specialist community mental health services for children and young people

Action the provider **MUST** take to improve:

- The provider must ensure that they provide sufficient numbers of suitably qualified, competent, skilled and experienced staff to meet the needs of the people requiring and using the service at all times.
- The provider must ensure that staff maintain accurate, complete and detailed records of crisis plans and care plans for each child or young person using the service that documentation is stored consistently in the electronic notes system.

Action the provider **SHOULD** take to improve:

- The provider should ensure appropriate alarm systems are in place and used appropriately to ensure staff, children, and young people's safety.
- The provider should ensure that the waiting room area at North Dorset is monitored and access to closed areas of the service is restricted.
- The provider should ensure that care plans reflect that children and young people have been involved in planning their care and are written in a person-centred, age appropriate manner.
- The provider should ensure that all carers are offered individual support or signposted to other support services external to the Trust.
- The provider should ensure all staff complete mandatory training and have access to regular supervision.

# Community mental health services for people with a learning disability or autism

Good   

## Key facts and figures

The community learning disability teams provide a range of support to people with learning disabilities as well as support and training for their carers between 9am-5pm, Monday – Friday.

The intensive support team provide intensive support to people with learning disabilities to reduce the chance of them being admitted to a mental health or learning disability hospital. The intensive support team are open from 8am to 8pm, Monday-Sunday. The Trust does not have any learning disability specific inpatient wards.

The Trust provides community learning disability services via eight local community teams, of which we visited four. The intensive support team have two bases.

We visited:

- West Dorset community learning disability team – Bridport
- Adult learning disability – Christchurch (East Dorset)
- Poole community learning disability team – Delphwood
- West Dorset community learning disability team – Weymouth + Portland

Before the inspection visit, we reviewed information that we held about these services and information requested from the Trust.

During the inspection visit, the inspection team:

- spoke with seven service users and 12 carers
- spoke with the managers for each of the teams
- spoke with 20 other staff members; including nurses, doctors, physiotherapists, occupational therapists and speech and language therapists
- observed five visits to patients and two meetings with external agencies to discuss patient care
- reviewed care records for 22 patients.

Our inspection between 14 and 16 November 2017 was announced (staff knew we were coming) to ensure that everyone we needed to talk to was available.

## Summary of this service

Our rating of this service stayed the same. We rated it as good because:

- Services were safe. There were effective policies and procedures in place to ensure the safety of both staff and patients.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. Care and treatment followed current evidence based guidance.
- Staff were caring. Patients were treated with kindness, dignity and respect and were involved as partners in their care where possible.



# Community mental health services for people with a learning disability or autism

- Services met the individual needs of patients.
- There were effective systems in place to support the delivery of good quality care.

However:

- Access to some treatments, for example, speech and language therapy, was sometimes delayed due to shortages of these staff.
- There was a lack of involvement of patients, carers and their representatives in decision making about, and within, the learning disability service.

## Is the service safe?

Good   

Our rating of safe stayed the same. We rated it as good because:

- Interview rooms and patient waiting areas were clean and well maintained. Furniture was in good condition and rooms were uncluttered, ready for use.
- The community learning disability teams had good staffing levels with vacancy rates well below the Trust target.
- Staff had manageable caseloads. Caseloads were set as one person for each hour worked, so someone who worked 22 hours would have a caseload maximum of 22 patients.
- Case records contained comprehensive risk assessments. Staff updated risk assessments regularly and following any incidents.
- The Trust had policies in place to manage patient risk. The intensive support team provided a higher level of support for patients. There were effective personal safety protocols for staff.
- Staff protected patients from harm. Staff knew how to identify and raise safeguarding concerns and there were close working relationships with local safeguarding teams.
- Learning from incidents was shared with staff.

## Is the service effective?

Good   

Our rating of effective stayed the same. We rated it as good because:

- Care plans were holistic and recovery focussed. Where possible, patients were involved in planning their care.
- Staff provided care and treatment in line with national guidance. Recognised rating scales were used to monitor the effectiveness of treatment.
- Medical staff had taken part in the stop the over medicating of people with a learning disability or autism (STOMP-LD) audit, which looked at stopping the over medication of patients with learning disabilities.
- All teams included, or had access to, the full range of specialists required to meet the needs of patients. This included psychologists and physiotherapists.
- All staff received management and clinical supervision.

# Community mental health services for people with a learning disability or autism

- Staff knew and worked within the key principles of both the Mental Health Act and Mental Capacity Act.

However:

- There were waiting lists for physiotherapy and speech and language therapy due to staff shortages.

## Is the service caring?

Good ● → ←

Our rating of caring stayed the same. We rated it as good because:

- Staff treated patients with kindness, privacy, dignity, respect and compassion. Patients and carers reported feeling supported by staff.
- Where possible, staff involved patients in their care and treatment. Staff had access to a variety of communication aids, including easy read formats.
- Families and carers were involved in patients' care, particularly where the patient was unable to be involved themselves.

## Is the service responsive?

Good ● ↑

Our rating of responsive improved. We rated it as good because:

- Patients were seen quickly on referral and transfers between teams were well managed.
- Staff were able to meet the needs of patients using the service. Buildings were accessible and staff had access to a variety of communication methods, including interpreters.
- Complaints and compliments were taken seriously, with teams identifying ways of improving practice following feedback from patients and carers.

## Is the service well-led?

Good ● → ←

Our rating of well-led stayed the same. We rated it as good because:

- Team leaders were knowledgeable and had a good understanding of the services they managed. Staff felt supported and valued by their direct line managers.
- There were systems and processes in place to ensure patients received good quality, consistent care. Patients were assessed quickly and then supported effectively, incidents were reported, investigated and learned from. Referrals and waiting lists were well managed and staff received sufficient training and supervision.

However:

# Community mental health services for people with a learning disability or autism

- All non-managerial frontline staff we spoke with said they did not feel valued and supported by members of the Trusts senior management team. Staff felt learning disability services were not a high priority for senior members of the Trust.
- Patients and carers were not involved in decisions about the service.

## Areas for improvement

### Action the provider **MUST** or **SHOULD** take to improve

Action the provider **SHOULD** take to improve:

- The provider should ensure that all staff complete mandatory training for safeguarding adults and children to the appropriate level for their role.
- The provider should ensure that patients and carers are actively engaged and involved in decision making about, and within, the community learning disability service.

# Mental health crisis services and health-based places of safety

Requires improvement   

## Key facts and figures

### Summary of this service

Our rating of this service stayed the same. We rated it as requires improvement because:

Dorset HealthCare University NHS Foundation Trust has one health-based place of safety (HBPoS) (section 136 suite) that provides a service for the whole of Dorset. It is based at St. Ann's hospital in East Dorset. The place of safety is for people who are detained under section 136 of the Mental Health Act. This power allows police officers to detain people who are believed to have a mental disorder, and take them to a place of safety for assessment.

There are crisis teams based at St. Ann's hospital and the Forston clinic, covering East and West Dorset respectively. The crisis and home treatment teams provide short-term work to help support people at home when they are in mental health crisis, and support with earlier discharge from hospital. The teams aim to facilitate the early discharge of patients from hospital or prevent patients being admitted to hospital by providing treatment at home. In addition, the East Dorset crisis team has access to a day hospital, which also provides mental health support.

The Trust has a countywide street triage service that provides advice to police officers when they believe people might need immediate mental health support. The aim of this team is to ensure that people get mental health professional input in a timely manner whilst also diverting people from inappropriate police custody or section 136 of the Mental Health Act assessments.

The inspection in June 2015 rated mental health crisis services and health-based place of safety as Requires Improvement overall. The focussed inspection in March 2016 rated effective and responsive as requires improvement. At the March 2016 inspection, we told the Trust it must:

- ensure that there were sufficient appropriately trained staff which are available to provide care to patients receiving services from the East Dorset Crisis Team
- ensure cooperative and good working relations between the East Dorset Crisis Team and locality community mental health teams to ensure that patients requiring services can access the most appropriate service to have their need met in a timely manner
- ensure staff follow the medicine management protocol
- ensure they adhere to the code of practice with regards to HBPoS assessment times
- ensure their internal policies meet the requirements of the Mental Health Act code of practice.

Before the inspection visit, we reviewed information that we held about these services, and asked a range of other organisations for information.

During the inspection visit, the inspection team:

- visited the health-based place of safety (HBPoS) and both crisis teams
- interviewed the team leaders and service lead for the crisis teams
- spoke with the bed manager and a ward manager who had a role with the HBPoS
- checked the medicines cabinets at the crisis team bases

# Mental health crisis services and health-based places of safety

- spoke with 12 staff members including doctors, nurses, support workers, peer and carer support workers
- spoke with police officers and the police mental health strategic coordinator
- spoke with representatives from the three local authorities and the manager of the out of hours social work team
- spoke with the senior management team with responsibility for these services
- reviewed twenty six health care records
- spoke with one carer of a man having support from the East Dorset crisis team
- spoke with eight service users of the crisis teams and two former patients of the HBPoS
- accompanied crisis team staff on two community visits
- observed two handover meetings and one handover from police to Trust staff in the HBPoS
- reviewed a number of policies, meetings minutes, assessments and other documents related to the running of crisis teams and HBPoS.
- e able to respond quickly to service users when concerns escalated.
- Staff in the crisis teams were able to offer a good range of interventions. Staff were experienced and qualified.
- The east crisis team had addressed the issues we asked it to improve following the inspection in 2016.
- Staff were kind, professional and respectful. Patients gave positive feedback regarding their care. There was good involvement of service users and carers in the crisis teams. The Trust sought feedback from service users.
- Morale amongst the staff that we spoke with involved in the crisis teams and HBPoS was good.
- The multi-agency group were considering a range of measures to reduce detentions under section 136.

## Is the service safe?

**Requires improvement** ● → ←

Our rating of safe stayed the same. We rated it as requires improvement because:

- Staff had not completed handover and risk forms to a good standard for patients received in the HBPoS on section 136. There was minimal information in the progress notes. Staff monitoring patients in the HBPoS did not make regular entries or record observations in any other way.
- Staff could not manage patients safely because of the HBPoS environment. It was easy to get out of the HBPoS into the corridor by pressing a push pad by the door. It was not possible to lock the door to prevent this. This did not meet national guidelines.
- There was a hot water boiler in the room. There had been an incident where a patient had thrown two jugs with hot water at staff.
- There was no ligature assessment for the HBPoS despite there being a number of identifiable ligature risks. Patients were supervised from outside of the room at times. It was common for health staff not to remain with police officers during the instances when the police had been asked to stay due to a person's agitation or risk. The Trust completed a ligature assessment of this room following the inspection.

# Mental health crisis services and health-based places of safety

- If the HBPoS was full, other rooms not fit for this purpose were used. They contained cables and electrical equipment, wooden furniture and toys, which presented hazards. In addition, the rooms did not have adjoining toilets. This was on the Trust risk register, and the Trust completed risk assessments to these rooms following the inspection with some changes identified.
- There was one additional member of staff booked across the hospital site to cover shortfalls in staffing on the wards and when staff were needed to cover the HBPoS. Staff were drawn from the wards at the hospital to staff the HBPoS. When numbers of detained patients exceeded one or two, the patient would only be accepted if police remained to supervise them. There was no contingency staffing arrangement to deal with higher numbers of detentions that the hospital regularly experienced.
- Incident records confirmed occasions where patients detained on section 136 had been subjected to incidents or practices that potentially affected their safety and wellbeing. These included being restrained or moved against their will in the corridor; being taken outside to another part of the hospital site when agitated in handcuffs; and having a MHA assessment whilst being held in prone restraint by police officers.

However:

- The crisis teams had ensured that there were sufficient appropriately trained staff working in the teams.
- Both crisis teams had clear safety protocols and lone working procedures. Staff in the crisis teams monitored risk closely and were able to respond quickly to service users when concerns escalated.
- Psychiatrists were accessible in order to see service users or support staff in the crisis teams.

## Is the service effective?

Good  

Our rating of effective improved. We rated it as good because:

- The east crisis team had improved its internal working relationships and relationships with community teams.
- Recording was generally good in the crisis teams. Staff in the crisis teams were able to offer a good range of interventions. Staff had the appropriate qualifications and experience.
- A comprehensive audit covered a range of data such as waiting times for patients in the HBPoS. Patients were assessed in good time. There were up to date multi-agency policies for the HBPoS. The mental health legislation teams provided good support.

However:

- Clinical supervision figures supplied by the Trust for the crisis teams were below the Trust's target.
- Local Authority Commissioners had reduced funding for the street triage service. The Trust's figures indicated that this service reduced detentions under section 136. Detentions had risen in the two years prior to inspection.

## Is the service caring?

Good   

Our rating of caring stayed the same. We rated it as good because:

# Mental health crisis services and health-based places of safety

- Staff were kind, professional and respectful. Patients gave positive feedback regarding their care.
- There was good involvement of service users and carers in the crisis teams, including peer support workers and peer carer workers.
- The Trust sought feedback on its services.

## Is the service responsive?

**Good** ● ▲

Our rating of responsive improved. We rated it as good because:

- The crisis teams saw people within their target times and provided robust follow up if they were not able to make contact with a service user.
- The telephone crisis line had improved. It was responsive and well managed.
- Patients were seen in good time in the HBPoS. No patients had been taken to police custody. Arrangements with approved mental health professionals and section 12 doctors worked well.
- There were a range of resources to support people in crisis including a Recovery Education Centre and day service in the east of the county, and a residential recovery house in the west of the county.

However:

- The facilities did not promote the comfort, privacy and dignity of patients detained on section 136.
- There was no form of activity available whilst people were waiting in the HBPoS. The provision for patients to lie down in the HBPoS was a blow up mattress.
- Journey times for patients from West Dorset to the HBPoS ranged from one to two hours.

## Is the service well-led?

**Requires improvement** ● ▼

Our rating of well-led went down. We rated it as requires improvement because:

- There was not sufficient staff or capacity at the HBPoS to manage more than one or two patients detained on section 136 without using police time or rooms not designed for the purpose. This happened several times each month due to the rising numbers of patients detained on section 136 in the Trust's area.
- Several managers were involved in the operation of the HBPoS and we identified inconsistencies between operational expectations of managers. For example, whether staff supervising patients should record information. Recording by receiving senior nurses and ward staff was not good on the HBPoS files that we reviewed and had a potential impact on safety. Managers and senior nurses did not audit the quality of recording in the HBPoS care records and had not identified the quality or lack of recording as a concern. This issue was raised with managers on the first day of the inspection and had not improved when we reviewed the files of people detained later that week. The Trust planned to commence auditing the records as a result of us raising the need for this.

# Mental health crisis services and health-based places of safety

- There had been a number of incidents where patients had experienced restrictive practice such as restraint, rapid tranquilisation, and remaining with the police in handcuffs. The Trust did not monitor or analyse restrictive interventions in the HBPoS. The Trust could not provide information on how long individuals had remained in handcuffs or in one case, leg restraints following arrival at the HBPoS.
- There were structures in place to manage the HBPoS. However, day to day staff such as nurses and support workers did not have the opportunity to meet to reflect on practice in the HBPoS or discuss learning from HBPoS incidents.
- There were maintenance issues at the HBPoS that had not been identified, and a ligature assessment had not been undertaken for the suite at the time of the inspection.
- Staff described people received at the HBPoS remaining the responsibility of the police while the police remained on site. Whilst there were multi-agency working relationships at a senior level, relationships between front line police staff and senior nurses were challenged at times; this appeared to be related to the capacity and staffing issues and the use of police time.

However:

- Leaders in the crisis teams had the skills, knowledge and experience to perform their roles. Leaders had a good understanding of the services they managed. Leaders had addressed the issues identified in the crisis teams in the last inspection.
- Morale amongst the staff that we spoke with involved in the crisis teams and HBPoS was good. Staff reported feeling supported and able to raise concerns. They knew how to use the whistle-blowing process.
- The multi-agency group recognised the rise in detentions under section 136 was a concern and had discussed measures to address this at a workshop shortly after the inspection. The Trust planned to review capacity at the HBPoS and was considering a purpose-built facility.

## Areas for improvement

### Action the provider **MUST** or **SHOULD** take to improve:

Action the provider **MUST** take to improve:

- The provider must ensure that the premises used for people detained under section 136 are fit for the purpose and used in a safe way.
- The provider must ensure that the risks to the health and safety of patients detained under section 136 are adequately assessed and mitigated.

Action the provider **SHOULD** take to improve:

- The provider should ensure that they adhere to the multi-agency section 136 policy when negotiating with police officers to remain with patients.
- The provider should ensure there are sufficient staff to respond to multiple people detained on the hospital site on section 136.
- The provider should ensure that patient's comfort, privacy and dignity are maintained whilst in the HBPoS.
- The provider should ensure that sufficient staff are up-to-date with training in level 3 safeguarding in the crisis teams.



# Community-based mental health services of adults of working age

Good  

## Key facts and figures

The Trust provides 13 community mental health teams for adults of a working age across Dorset. The teams support people at home and prevent unnecessary admissions into hospital. The community mental health teams for adults of a working age offer care, advice and information for people aged 18 and over with significant mental health problems.

On this inspection, we visited six locations and assessed seven teams:

- Bridport Community Mental Health Team
- Bournemouth West Community Mental Health Team
- Bournemouth & Poole Assertive Outreach Team
- Christchurch & Southbourne Community Mental Health Team
- Purbeck Adult Community Mental Health Team
- Weymouth and Portland Community Mental Health Team
- Wimborne Adult Community Mental Health Team

This was because we had identified areas for improvement at these services at our last inspection.

Before the inspection visit, we reviewed information that we held about these services and information requested from the Trust.

During the inspection visit, the inspection team:

- spoke with 12 patients and one carer
- spoke with the managers for each of the teams
- spoke with 31 other members of staff including nurses, doctors, psychologists, social workers and support workers
- observed seven home visits
- ran two focus groups attended by 10 members of staff, two patients and two carers
- reviewed 52 sets of patient records.

Our inspection between 14 and 16 November 2017 was announced, which means that staff knew we were coming.

Our overall rating of this service improved. We rated it as good because:

- At the last inspection, we rated three or more key questions for the service either inadequate or requires improvement so we re-inspected all five key questions; are services safe, effective, caring, responsive to people's needs and are they well-led.
- The Trust had improved the sound proofing of interview rooms. Staff now recorded capacity and consent when giving treatment. Patients had risk assessments and crisis plans in place. Care plans were person centred and patients were involved in planning their care.

# Community-based mental health services of adults of working age

- There were good safety procedures in place for lone workers. All teams kept a daily record of appointments and had contact information for staff and the patient they were visiting. The teams used code words that all knew about if they needed to raise an alarm and the Trust were issuing staff with a safety fob.
- Patients were involved in planning and developing services; they were involved in reviewing new treatments, assessments and were involved in interviewing new staff. Patients could re-refer themselves up to 12 months after discharge. Staff gave information on other services that patients could use in the community.
- There were clear and consistent governance systems in place across the teams. The Trust shared learning from incidents and complaints across the teams. There was a records audit and record keeping template that helped to make sure records were consistent and included all the required documentation.

However:

- The Southbourne and Christchurch team did not have an effective medication management process in place. The team had not disposed of all medication and equipment that was over its expiry date. The location was not clean and there were no cleaning records available.
- Although the Trust had improved its assessment to treatment target time, the Weymouth team were not meeting the national target the Trust was trying to achieve.
- Although most of the teams reported good morale, Weymouth continued to report low morale.

## Summary of this service

Our rating of this service improved. We rated it as good because:

A summary of our findings about this service appears in the overall summary.

## Is the service safe?

Good ● ↑

Our rating of safe improved. We rated it as good because:

- All patient records included risk assessments, crisis plans and staff linked any identified needs to care plans.
- Patients could refer themselves back to the service during the first 12 months following discharge.
- There were good lone working procedures in place that staff followed. The Trust was issuing security fobs to improve the safety of staff working in the community.

However:

- The Southbourne and Christchurch building was not clean and did not keep cleaning records. They did not have effective checks in place to ensure medication and equipment was in date.

## Is the service effective?

Good ● ↑

# Community-based mental health services of adults of working age

Our rating of effective improved. We rated it as good because:

- Care plans were person centred and focused on recovery.
- The teams offered a choice of treatments. We saw evidence that staff discussed the available treatment options with patients.
- The teams considered physical health needs and carried out physical health monitoring as needed.
- The teams used recognised outcome measures to review patients' progress.
- The psychology provision was now Trust wide giving teams access to a wider range of skills.
- There were effective multidisciplinary meetings in place and good links with external agencies.
- Staff considered and recorded capacity on a decision specific basis.

However:

- Not all care plans detailed physical health care needs in a comprehensive manner.

## Is the service caring?

Good ● → ←

Our rating of caring stayed the same. We rated it as good because:

- Staff treated patients with respect and patients told us staff were caring.
- Patients were involved in developing their crisis and care plans.
- There was a patient forum that enabled them to input into the service.
- The teams offered information about other services available to the patients.

However:

- Staff did not always record patient involvement in their care plans.

## Is the service responsive?

Good ● ↑

Our rating of responsive improved. We rated it as good because:

- The Trust had taken steps to improve the soundproofing of interview rooms to ensure privacy.
- The Trust had improved assessment waiting times since our last inspection. They aimed to assess all emergency referral within 24 hours, urgent referrals within five working days and other referrals within 20 calendar days. Once it was agreed that a patient met the referral criteria they would be allocated a staff member and seen within five days. Only the Weymouth team was not meeting this target.
- The teams helped patients to access employment and education opportunities.
- There was a suitable complaints procedure in place. Teams could change their working practices when needed, following complaints.

# Community-based mental health services of adults of working age

- There was a patients' forum in place that helped to develop service to meet the needs of the local population.

However:

- The service was not always meeting the target for referral to treatment.

## Is the service well-led?

Good ● ↑

Our rating of well-led improved. We rated it as good because:

- The managers had brought about substantial improvement in the service since our last inspection.
- Leaders were visible and teams reported that they were approachable.
- There was a clear system in place that allowed staff to escalate concerns to the Trust's risk register.
- The Trust shared learning from complaints and incidents across the teams. We saw evidence that learning was part of the team meetings.
- There were consistent governance systems in place across the teams that checked team performance and addressed any issues found. Team managers could access this information.
- There was a range of leadership and management training and development courses that managers needed to complete.
- Teams audited their record keeping using a standard template.

However:

- The Weymouth team continued to report low morale and we were told of informal reports of bullying.

## Areas for improvement

### Action the provider **MUST** or **SHOULD** take to improve:

Action the provider **SHOULD** take to improve:

- The provider should ensure that all medication and medical devices are safe for use and checks to ensure this are carried out.
- The provider should ensure that all premises are clean and fit for purpose.
- The provider should ensure that staff updates care plans and risk assessments at discharge from hospital.
- The provider should ensure that physical health care plans are comprehensive in their approach.
- The provider should ensure that staff records all patients' involvement in their care.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

For more information on things the provider must improve, see the Areas for improvement section above.

**Please note:** Regulatory action relating to primary medical services and adult social care services we inspected appears in the separate reports on individual services (available on our website [www.cqc.org.uk](http://www.cqc.org.uk))

**This guidance** (see [goo.gl/Y1dLhz](http://goo.gl/Y1dLhz)) describes how providers and managers can meet the regulations. These include the fundamental standards – the standards below which care must never fall.

#### Regulated activity

Diagnostic and screening procedures  
Treatment of disease, disorder or injury

#### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

#### Regulated activity

Diagnostic and screening procedures  
Treatment of disease, disorder or injury

#### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

#### Regulated activity

Assessment or medical treatment for persons detained under the Mental Health Act 1983  
Diagnostic and screening procedures  
Treatment of disease, disorder or injury

#### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

#### Regulated activity

Assessment or medical treatment for persons detained under the Mental Health Act 1983  
Diagnostic and screening procedures  
Treatment of disease, disorder or injury

#### Regulation

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

#### Regulated activity

Assessment or medical treatment for persons detained under the Mental Health Act 1983  
Diagnostic and screening procedures

#### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

# Our inspection team

Chris Lee, CQC Inspection Manager, led this inspection. The team included a Head of Hospital Inspection, five Inspection Managers, 20 Inspectors, a specialist Pharmacist Inspector, three Mental Health Act Reviewers, an Inspection Planner, a Data Analyst, 27 Specialist Advisers, and two Experts by Experience.

Specialist Advisers are experts in their field who we do not employ directly. Experts by Experience are people who have personal experience of using or caring for people who use health and social care services.