St Andrews Healthcare

Services for older people

Quality Report

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Date of inspection visit: 9 - 12 september 2014
Date of publication: 10 February 2015

Locations inspected

Name of CQC registered location	Location ID	Name of service (e.g. ward/ unit/team)	Postcode of service (ward/ unit/ team)
St Andrew's Healthcare	1-121538260	Compton Ward O'Connell Ward Daniel Rambaut Ward	NN1 5DG

This report describes our judgement of the quality of care provided within this core service by St Andrew's Healthcare. Where relevant we provide detail of each location or area of service visited.

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

Where applicable, we have reported on each core service provided by St Andrew's Healthcare and these are brought together to inform our overall judgement of St Andrews Healthcare.

Summary of findings

Ratings

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

Overall rating for Services for older people	Good 
Are Services for older people safe?	**Requires Improvement** 
Are Services for older people effective?	**Good** 
Are Services for older people caring?	**Good** 
Are Services for older people responsive?	**Good** 
Are Services for older people well-led?	**Good** 

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

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

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

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

Summary of findings

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Summary of findings

Overall summary

The service appeared to have an open culture focused toward providing the highest possible quality of care, individualised to each patient's needs. Care was reviewed by the clinical team on a weekly basis and changes communicated to staff through meetings, handovers and specific communication books.

There were not clear arrangements for ensuring that there was same sex accommodation in adherence to guidance from the Department of Health and the MHA Code of Practice, to protect the safety and dignity of patients on Compton ward

All regular staff were up to date with training and it was clear the learning was being used in everyday practice. Staff appeared passionate about care and were respectful and caring in their approach to patients. We noted the manner in which they addressed patients' distress was focused on maintaining the person's dignity.

The large wards were being used innovatively to create areas of interest for patients and these were utilised to assist in care. For example, a male lounge had been transformed into a pub with displays and it was noted that one patient ate better in this environment so it became part of his care to "go to the pub" for lunch. We saw his nutritional intake had improved since this began.

The service had a project for addressing the latest published guidance and research relating to their work. This was to investigate how it could be incorporated into the care provided to patients.

The service used a programme called dementia care mapping (DCM). This was an observational tool used in care settings to look at quality of life from the viewpoint of the patient. The service was working with the University of Bradford dementia group who were in the process of developing a similar project.

Summary of findings

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

Are services safe?

Requires Improvement

There were no clear arrangements for ensuring that there was same sex accommodation in adherence to guidance from the Department of Health and the MHA Code of Practice, to protect the safety and dignity of patients on Compton ward.

However patient's safety was maintained on other large wards through regular checks and risk assessments of both patients and the environment. The wards were clean and tidy. We noted there was no sanitising hand gel on our arrival but this was remedied during our inspection.

Staffing levels were assessed and maintained to ensure patients' needs were met. Any use of bureau staff was minimal and the management preferred to use those staff with previous experience of the wards. All regular staff showed a practical knowledge of safeguarding policies and practice.

All patients had a comprehensive needs assessment which formed the basis for detailed and personalised care plans. We saw these were reviewed weekly and adjusted to ensure changing needs were met effectively.

Staff were aware of how to report incidents and we found robust procedures in place to ensure lessons were learnt from incidents both in the service and across the organisation.

Are services effective?

Good

Care provision was reviewed on a weekly basis and changes made to ensure staff were able to provide care that fully met the patients' needs. The medication records demonstrated adherence to professional guidance. In addition to the nursing staff, the wards received input from a range of professionals who met weekly. Activity programmes were supplemented with individual activities.

Staff received supervision on a monthly basis and appraisals annually. Training records confirmed that staff were up to date with training including all mandatory topics.

Mental Health Act paperwork was accurate and complete in all sections and included comprehensive capacity assessments.

Are services caring?

Good

We observed staff engaging with patients in a respectful and friendly manner. Staff responded to patients' distress discreetly and appeared to be always mindful of the patient's dignity.

Summary of findings

Patients we spoke with told us they were happy and staff were "great", kind and caring towards them.

We saw patients' views were included in care plans and this included relatives when appropriate. Notes from multi-disciplinary meetings showed that relatives and patients had been involved. We noted the advocacy service had been used for patients where requested.

Are services responsive to people's needs?

Good

The wards accepted patients from across the country providing a specialist service which may not have been available in their home area. We saw discharge planning began soon after admission. The wards were large and provided ample space for patients to exercise and be able to find a quiet area and for privacy during visits. We found no blanket restrictions on the ward. All care was personalised and any restrictions for individuals were risk assessed, documented and reviewed regularly.

All wards had information boards containing details of other local services. Patients we spoke with told us they spoke to the staff if they were unhappy about anything. Staff were aware of the capacity issues many patients had and were able to tell us how they would help a patient to make a complaint.

Each ward had a book dedicated to learning from incidents and complaints generated across the hospital site.

Are services well-led?

Good

The ward staff showed an awareness of the wider organisation's values however this was poor in comparison with the staff awareness and passion at a service level. The senior management across the service demonstrated a strong sense of leadership which staff told us they appreciated.

There appeared to be a robust monitoring system used within the service, data from which was fed into the organisation's audit / quality department. There were systems in place to ensure learning from incidents and complaints from across the wider organisation as well as in the service itself.

Sickness and absence rates were low in comparison with the rest of the organisation and staff told us they felt able to raise any concerns without the fear of reprisal.

The ward was participating in a number of projects designed to improve patient experiences and quality of care.

Summary of findings

Background to the service

O'Connell Ward

O'Connell is a 22-bed locked ward specialising in providing specialist services for older men aged over 55 with acquired, static or progressive neurological conditions or enduring mental health needs.

Compton Ward

Compton is a 19-bed locked ward specialising in services for older men and women aged over 55 with acquired, static or progressive neurological conditions who may have enduring mental health needs.

Daniel Rambaut Ward

Daniel Rambaut is a 13-bedded locked service for men aged over 40 with acquired, static or progressive neurological conditions resulting in additional mental health needs

Our inspection team

Our inspection team was led by:

Chair: Stephen Firn, Chief Executive, Oxleas NHS Foundation Trust

Team Leader: Nicholas Smith, Head of Hospital Inspection (Mental Health)

The team that inspected older adults services included an inspector, a consultant Psychiatrist, a mental health act reviewer and a specialist advisor who was a clinical psychologist.

Why we carried out this inspection

We inspected this core service as part of our comprehensive inspection programme of independent health care providers of mental health services. This provider was selected to enable the Care Quality Commission to test and evaluate its new inspection methodology across a range of different mental healthcare service providers.

How we carried out this inspection

To get to the heart of people who use services' experience of care, we always ask the following five questions of every service and provider:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

Before visiting, we reviewed a range of information we hold about the core service and asked other organisations to share what they knew. We reviewed and inspected the older peoples' services being provided.

We undertook site visits to the wards. We carried out unannounced visits between 9 and 11 September 2014. We observed how people were being cared and reviewed the care and treatment records of people who used services. We met and spoke with people who used services and relatives who shared their views and experiences of the core service. We spoke with staff and managers about the service they provided.

Summary of findings

What people who use the provider's services say

We spoke with seven patients who were able to speak with us. They told us they were happy and staff were "great" and kind and caring towards them. A relative we spoke with praised the dedication, knowledge and professionalism of the staff. They told us the staff always appeared happy and the patients were relaxed with them.

A relative we spoke with told us the team on the ward liaised well with her relative's professional team in their home area to ensure the care was effective and were accurately informed of their progress. They also told us the home area team was invited to reviews on a regular basis.

Good practice

Peoples' individual needs were assessed and detailed care plans formulated to meet these. Care provision was reviewed by the multi-disciplinary team on a weekly basis.

Communication between staff was clear and complete including learning from incidents both within the service and from the wider organisation.

Mental Health Act paperwork and consent to treatment documentation was accurate and the proper procedures had been followed in all records that we reviewed.

Patients had undergone initial capacity assessments which were reviewed regularly including assessments for specific tasks relating to their care.

The Deprivation of Liberties Safeguards process had been followed correctly for those patients to whom it related.

Practice incorporated latest research and evidenced-based guidance to ensure the most effective care was being provided.

Areas for improvement

Action the provider MUST or SHOULD take to improve

Action the provider MUST or SHOULD take to improve

- The provider must ensure that all accommodation is in line with best practice guidance for same sex accommodation.

St Andrews Healthcare

Services for older people

Detailed findings

Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
O'Connell Ward Compton Ward Daniel Rambaut Ward	St Andrew's Healthcare

Mental Health Act responsibilities

Mental Health Act paperwork was accurate and complete in all sections. Consent to treatment forms were attached to the medication forms as required.

Mental Capacity Act and Deprivation of Liberty Safeguards

Staff were trained in the Mental Capacity Act and the Deprivation of Liberties Safeguards (DoLS). All staff we spoke with were able to tell us in detail how this related to the patients. In reviewing the care records, we found detailed capacity assessments relating to different aspects of the patients life and care provision. These were reviewed at the weekly team meetings. Staff were aware of the capacity issues many patients had and were able to tell us how they would help a patient to make decisions.

For patients who were subject to a DoLS order, the proper process had been followed and paperwork was completed accurately with review dates set as required.

Requires improvement

Are services safe?

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

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

Summary of findings

There were no clear arrangements for ensuring that there was same sex accommodation in adherence to guidance from the Department of Health and the MHA Code of Practice, to protect the safety and dignity of patients on Compton ward.

However patient's safety was maintained on other large wards through regular checks and risk assessments of both patients and the environment. The wards were clean and tidy. We noted there was no sanitising hand gel on our arrival but this was remedied during our inspection.

Staffing levels were assessed and maintained to ensure patients' needs were met. Any use of bureau staff was minimal and the management preferred to use those staff with previous experience of the wards. All regular staff showed a practical knowledge of safeguarding policies and practice.

All patients had a comprehensive needs assessment which formed the basis for detailed and personalised care plans. We saw these were reviewed weekly and adjusted to ensure changing needs were met effectively.

Staff were aware of how to report incidents and we found robust procedures in place to ensure lessons were learnt from incidents both in the service and across the organisation.

Our findings

Safe and Clean Ward Environment

The wards were large and housed in the main grade 1 listed building. This meant there was the possibility that patients could be unobserved. However staff were allocated to the main areas to ensure patients were observed and there was a regular check of patients' locations was undertaken.

We saw ligature risk and environment audits were undertaken every six months. The clinic room was fully equipped and resuscitation equipment was checked regularly.

On the tour of the wards, we noted that the ward and bedroom areas were clean and tidy. However, on arrival on two wards, we were not asked to use the disinfectant hand gel or it was not available. We highlighted this to the manager who addressed our concern immediately.

Safe Staffing

A staffing tool was used to calculate the correct staffing ratios and during our inspection, we saw the numbers had been maintained including at least one qualified and experience nurse at all times. The managers told us they did use the staff bureau on occasions but attempted to use staff that were familiar to the ward and patients to ensure continuity of care. Patients told us they felt safe and cared for. The relative we spoke with praised the dedication, knowledge and professionalism of the staff.

Assessing and managing risk to patients and staff

Every person had a comprehensive risk assessment prior to admission and we saw these were discussed along with the care plans each week at review and formally updated on a monthly basis. The wards used a risk matrix detailing the levels of risk and actions to take should they need to increase staffing input for a patient to ensure their safety. Staff were familiar with this system and were able to explain how it worked and was reviewed.

Staff were up to date with training in safeguarding and demonstrated the ability to apply this to the patients. The staff were able to describe their actions if they had concerns and knowledge of external agencies that they could approach. There was good medicines management practice on these wards.

There were no clear arrangements for ensuring that there was same sex accommodation in adherence to guidance from the Department of Health and the MHA Code of Practice, to protect the safety and dignity of patients. Our concerns related to male patients walking through the female ward areas to access the garden and male patients having to access the baths in the female gender area. Due to the ward layout, this was not possible to resolve. There was no shower facility on the ward however we heard about the plans being formulated to install a wet room.

Requires improvement

Are services safe?

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

Reporting incidents and learning from when things go wrong

Staff were able to tell us the reporting procedure for incidents. There were shift handovers which included level of risk and priorities for individual patient care. Staff had a clear understanding of what should be reported and to whom. They received feedback and learning points from incidents through staff team meetings, shift handovers and a specific communication book for incident outcomes and lessons. We saw several examples in care records of practice being altered as a result of incidents and this being reviewed over time.

Are services effective?

Good

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

Summary of findings

provide care that fully met the patient's needs. We saw care plans relating to physical health which included liaison with the onsite GP services.

The medication records demonstrated adherence to professional guidance and we noted referrals had been made to specialist services where required. In addition to the nursing staff, the wards received input from psychologists, consultant psychiatrists, occupational therapists, physiotherapists, speech and language therapist, social workers, pharmacist and a dietician.

The wards had an activity programme which was supplemented with individual activities for those unable to participate in groups. During our inspection, we witnessed audits being undertaken including infection control, medication records and clinic room equipment.

Staff received supervision on a monthly basis, which includes weekly reflective practice sessions facilitated by the psychologist. We saw the training record which confirmed staff were up to date with training including all mandatory topics. Appraisal of performance was undertaken annually.

The wards had a multi-disciplinary meeting every week for in depth discussion about care which involved the patient and relative (where possible).

We looked at the Mental Health Act paperwork for patients and found it to be accurate and complete in all sections. Staff were trained in the Mental Capacity Act and the Deprivation of Liberties Safeguards (DoLS). In reviewing the care records, we found detailed capacity assessments relating to different aspects of the patients life and care provision.

Most patients were detained under the Mental Health Act. However the other patients were subject to a DoLS order. The proper process had been followed and paperwork was completed accurately with review dates set as required.

Our findings

Assessment of needs and planning of care

Every patient had a full assessment of their needs. We found care plans were detailed, personalised and accurate to the care we observed being provided. Care provision was reviewed on a weekly basis and changes made to ensure staff were able to provide care that fully met the patients' needs. We saw care plans relating to physical health which included liaison with the onsite GP services.

Best Practice in treatment and care

The medication records demonstrated adherence to professional guidance and we noted referrals had been made to specialist services where required. The wards had an activity programme which was supplemented with individual activities for those unable to participate in groups. Staff used a nationally recognised rating scale to measure patient's recovery.

During our inspection, we witnessed audits being undertaken including infection control, medication records and clinic room equipment.

Skilled staff to deliver care

In addition to the nursing staff, the wards received input from psychologists, consultant psychiatrists, occupational therapists, physiotherapists, speech and language therapist, social workers, pharmacist and a dietician.

Staff received supervision on a monthly basis in addition to a weekly reflective practice session facilitated by the psychologist. We saw the training record which confirmed staff were up to date with training including all mandatory topics. Appraisal of performance was undertaken annually.

Multi-disciplinary and inter-agency working

Handovers detailed the care required for each patient and their current condition. Information was brief but extra details given where the patient's condition required it. The wards had a multi-disciplinary meeting every week for in depth discussion about care which involved the patient and relative (where possible). Staff told us there was a communication book which they always read on arrival to the ward as it contained important information about the patient's care and the ward environment.

A relative we spoke with told us the team on the ward liaised well with her relative's professional team in their home area to ensure the care was effective and were accurately informed of their progress. They also told us the home area team was invited to reviews on a regular basis.

Are services effective?

Good

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

Adherence to MHA and the MHA Code of Practice

We looked at the Mental Health Act paperwork for patients and found it to be accurate and complete in all sections. This meant that patients were not illegally detained or treated. All consent to treatment paperwork was present and correct.

Good Practice in applying the MCA

Staff were trained in the Mental Capacity Act and the Deprivation of Liberties Safeguards (DoLS). All staff we spoke with were able to tell us in detail how this related to the patients. In reviewing the care records, we found detailed capacity assessments relating to different aspects of the patients life and care provision. These were reviewed at the weekly team meetings.

Most patients were detained under the Mental Health Act. However the other patients were subject to a DoLS order. The proper process had been followed and paperwork was completed accurately with review dates set as required.

Good

Are services caring?

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

Summary of findings

We observed staff engaging with patients in a respectful and friendly manner. Staff responded to patient's distress discreetly and appeared to be always mindful of the patient's dignity.

Patients we spoke with told us they were happy and staff were "great", kind and caring towards them. Staff were able to tell us about the individual needs of patients and the support they required in different situations.

On admission, patients received a personalised information pack about the ward which included pictures to assist them to understand the content.

We saw patients' views were included in care plans and this included relatives where appropriate. Notes from multi-disciplinary meetings evidenced relative and patient involvement. We noted the advocacy service had been used for patients where requested and their information was on the information boards and in the patient's information pack.

Our findings

Kindness, dignity, respect and support

We observed staff engaging with patients in a respectful and friendly manner. During our visit, we witnessed several occasions where staff responded to a patient's distress and they did so discreetly and appeared to be always mindful of the patient's dignity.

Patients we spoke with told us they were happy and staff were "great", kind and caring towards them. A relative we spoke with spoke highly of the staffs' caring attitude despite the challenges they faced on a daily basis. They told us the staff always appeared happy and the patients were relaxed with them.

Staff were able to tell us about the individual needs of patients and the support they required in different situations. We saw patients had attended church services and noted the contact details were available for leader of other religions. Information on the boards was in different languages and an interpreter service was available.

The Involvement of people in the care they receive

On admission, patients received an information pack about the ward which included pictures to assist them to understand the content. We saw how this pack was personalised for each person and included information about care reviews, how to complain, the ward activities and names and pictures of their care team.

We saw patients' views were included in care plans and this included relatives where appropriate. Notes from multi-disciplinary meetings evidenced relative and patient involvement. We noted the advocacy service had been used for patients where requested and their information was on the information boards and in the patient's information pack.

Good

Are services responsive to people's needs?

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

Summary of findings

The wards accepted patients from across the country providing a specialist service which may not have been available in their home area. We saw discharge planning began soon after admission and a strong connection was maintained with the patient's professional team in their home area.

The wards were large and provided ample space for patients to exercise and be able to find a quiet area and for privacy during visits.

Prior to our inspection, the issue of gender separation had been highlighted on Compton Ward. We investigated this in depth during our visit. The hospital directors and ward management team reviewed the situation during our visit and the issue was resolved.

All wards had information boards containing details of other services including advocacy, local befriending services, treatment options (including medications), local health services and how to make a complaint both in the organisation and external agencies.

We found no blanket restrictions on the ward. All care was personalised and any restrictions for individuals were risk assessed, documented and reviewed regularly.

Patients we spoke with told us they spoke to the staff if they were unhappy about anything. Staff were aware of the capacity issues many patients had and were able to tell us how they would help a patient to make a complaint.

Each ward had a book dedicated to learning from incidents and complaints generated across the hospital site. We saw action plans arising from complaints and the resultant changes on the wards.

Our findings

Access, discharge and bed management

The wards accepted patients from across the country providing a specialist service which may not have been available in their home area. We saw discharge planning began soon after admission and a strong connection was maintained with the patient's professional team in their home area.

The ward environment optimises recovery, comfort and dignity

The wards were large and provided ample space for patients to exercise and be able to find a quiet area and for privacy during visits. The ward managers told us the space was a challenge to make feel homely and we saw they had utilised the ends of corridors to create small areas of interest such as a reading area and TV corner in addition to the lounges and activity rooms.

O'Connell ward was on the first floor with no outside space. We did however see patients being taken out into the grounds during our visit and the manager told us they were waiting for final approval to create a roof terrace garden. The provider confirmed that a project has been started to develop a roof terrace garden. A feasibility study is currently underway to assess whether this work can be supported structurally. If the works are viable the provider will apply for permission from the Northampton Borough Council listed buildings department and English Heritage.

Section 16.9 of the Mental Health Act code of practice speaks about gender separation. Prior to our inspection, an issue on Compton Ward had been highlighted to us. We investigated this in depth during our visit and found robust assessments had been undertaken around the decision to place this patient in that particular area. The hospital directors and ward management team reviewed the situation during our visit and the issue was resolved.

All wards had information boards containing details of other services including advocacy, local befriending services, treatment options (including medications), local health services and how to make a complaint both in the organisation and external agencies.

Ward policies and procedures minimise restrictions

We found no blanket restrictions on the ward. All care was personalised and any restrictions for individuals were risk assessed, documented and reviewed regularly.

All patients were subject to the Mental Health Act or a Deprivation of Liberties restriction. However we noted signs informing us that any informal patients were able to leave the ward when they wished.

Good

Are services responsive to people's needs?

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

Patient's bedrooms had been personalised with their own furniture, belongings and photographs.

Meeting the needs of all people who use the service

The information boards displayed details of how to access information in a variety of languages including how to access a sign language interpreter. Information was also available in an "easy read" format with pictures to assist understanding.

We noted there were patients from different religious beliefs and a dietary care plan in respect of these requirements. We also noted in personal care records respect for cultural preferences for the gender of staff providing care.

Listening to and learning from concerns and complaints

Patients we spoke with told us they spoke to the staff if they were unhappy about anything. Staff were aware of the capacity issues many patients had and were able to tell us how they would help a patient to make a complaint. This included they would know through body language and other non-verbal communication when a patient was unhappy. All staff highlighted their action of involving advocates for people if required.

Each ward had a book dedicated to learning from incidents and complaints generated across the hospital site. This ensured learning not just from their own ward but from other services. We saw action plans arising from complaints and the resultant changes on the wards.

Are services well-led?

Good

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

Summary of findings

The ward staff showed an awareness of the wider organisation's values however this was poor in comparison with the staff awareness and passion at a service level. The older adult service management team were motivated toward providing the best practice and high quality care which clearly filtered through to their staff at every level of seniority.

The ward managers told us they felt supported in their roles and had excellent support from the directors of the service. There appeared to be a robust monitoring system used within the service, data from which was fed into the organisation's audit / quality department.

We found that there appeared to be a disconnect between the service auditing and the organisation's department. There were systems in place to ensure learning from incidents and complaints from across the wider organisation as well as in the service itself.

The senior management across the service demonstrated a strong sense of leadership which staff told us they appreciated. Sickness and absence rates were low in comparison with the rest of the organisation and staff told us they felt able to raise any concerns without the fear of reprisal.

Staff did express a concern about the recent changes in management and said they hoped that the managers now would remain in post as they felt this had affected staff morale in the recent past.

We saw the service had an audit calendar to ensure care was being monitored effectively. The ward was participating in a number of projects designed to improve patient experiences and quality of care.

Our findings

Vision and Values

The ward staff showed an awareness of the wider organisation's values however this was poor in comparison with the staff awareness and passion at a service level. The older adult service management team were motivated toward providing the best practice and high quality care which clearly filtered through to their staff at every level of seniority.

We were told that staff would probably recognise the new chief executive but would be less likely to be able to describe his role or any of the other members of the organisation's senior directors.

Good Governance

The ward managers told us they felt supported in their roles and had excellent support from the directors of the service. There appeared to be a robust monitoring system used within the service, data from which was fed into the organisation's audit / quality department. We found that there appeared to be a disconnect between the service auditing and the organisation's department. We were told by the management that action plans were generated by the organisation's department which were returned to the wards for completion. However, staff told us that on occasions these actions had been completed before the official plans had returned to the ward. Although showing efficiency of the service, it could mean that actions may be missed and the organisation department's data and records not accurate.

There were systems in place to ensure learning from incidents and complaints from across the wider organisation as well as in the service itself.

Leadership, morale and staff engagement

The senior management across the service demonstrated a strong sense of leadership which staff told us they appreciated. Sickness and absence rates were low in comparison with the rest of the organisation and staff told us they felt able to raise any concerns without the fear of reprisal. Staff told us they felt listened to and their views were respected. We found that staff teams appeared to have a good level of morale despite the challenging nature of their work. Staff clearly told us they felt part of the team.

Staff did express a concern about the recent changes in management and said they hoped that the managers now would remain in post as they felt this had affected staff morale in the recent past. We were assured by the senior

Are services well-led?

Good

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

management that they had gone through a period of change and, with the new managers now in post, no further changes in management were planned for the foreseeable future.

Commitment to quality improvement and innovation

We saw the service had an audit calendar to ensure care was being monitored effectively. The ward was participating in a number of projects designed to improve patient experiences and quality of care. For example, the Daisies group - Dementia Assessment and Intervention: Striving for Innovative and Evidence-based Services. This group examined published guidance from the National Institute for Health and Care Excellence and other leading bodies.

We saw the use of displays to transform rooms into different scenes providing areas of interest and variety in the environment. For example, a male lounge was transformed into a pub scene which was reminiscent for patients and an activity room transformed into a dance hall. These displays were transportable and usable in each of the wards.

The service used a programme called dementia care mapping (DCM). This was an observational tool used in care settings to look at quality of life from the viewpoint of the patient. The service was working collaboratively with the University of Bradford to develop key performance indicators based on this.

Compliance actions

Action we have told the provider to take

The table below shows the essential standards of quality and safety that were not being met. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Treatment of disease, disorder or injury	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services **How the regulation was not being met:** In the older persons service in Northampton, there were not clear arrangements for ensuring that there was same sex accommodation in adherence to guidance from the Department of Health and the MHA code of practice, to protect the safety and dignity of patients. Regulation 9